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ASSESSMENT OF STATE MEDICAID AGENCIES'
TECHNICAL ASSISTANCE NEEDS RESULTING
FROM PASSAGE OF P.L. 97-35, THE OMNIBUS
BUDGET RECONCILIATION ACT OF 1981

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**ASSESSMENT OF STATE MEDICAID AGENCIES'
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FROM PASSAGE OF P.L. 97-35, THE OMNIBUS
BUDGET RECONCILIATION ACT OF 1981**

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I. INTRODUCTION

Many of the Medicaid provisions of the Omnibus Budget Reconciliation Act of 1981 (hereinafter referred to as OBRA) (P.L. 97-35), as well as those contained in the previous year's budget reconciliation legislation (P.L. 96-499), have the effect of making available a wider range of policy options to the state officials. The effect of these legislated changes on the states has been twofold. They have provided states with at least some degree of the flexibility they have long contended would allow them to more effectively administer their programs. At the same time, however, they have provided state officials a true challenge: to develop those innovative policies and procedures which best utilize this new flexibility to improve the efficiency and effectiveness of their programs.

This shift in Medicaid policy responsibility to the states, in concert with the present Administration's attempts to minimize the regulatory burden it imposes on states, also requires the federal government to reassess and perhaps realign its own role and responsibilities with respect to supporting state program administration. As part of this reassessment, the Medicaid/Medicare Management Institute of the Health Care Financing Administration, DHHS, contracted with Bartlett Associates to survey state Medicaid agencies to determine what technical assistance needs were generated by these recent changes in federal statute.

In order to place such technical assistance needs in perspective, it was necessary to first determine which of the various provisions of the OBRA states were interested in implementing and what they perceived as the cost saving potential of these provisions. The survey thus sought answers to the following questions:

- o Which provisions of the OBRA are states most interested in implementing?
- o What do the states' perceive as the cost saving potential of these provisions?
- o For which of these provisions would states like to receive additional technical information and/or assistance?

- What types of technical assistance and/or information would states like to receive in these various areas? What do the states consider the best source of this assistance?
- What suggestions do the states have concerning ways HCFA could improve its present methods of providing assistance?

The approach utilized in conducting this assessment is described in the following section. An analysis of the survey results is then presented in the final chapter of this report.

II. METHODOLOGY

In order to assess what specific state Medicaid technical assistance needs would be generated by the Omnibus Budget Reconciliation Act of 1981, it was necessary to first determine which specific provisions or issues addressed by the legislation were likely to generate such needs. The statutory language of those provisions affecting the Medicaid program were therefore reviewed from such a perspective, as were all related HCFA regulations promulgated in September and October, 1981 and those which were deemed likely to generate technical assistance requests were identified.

Based upon this review, a preliminary list was developed of those OBRA provisions which were deemed likely to generate technical assistance and/or information needs. Those provisions which addressed a number of relatively separate issues — such as Section 2175, the freedom of choice provision which, among other things, allows states to enter into competitive bids for lab and x-ray services, establish primary care case management systems, etc. — were identified by these separate issues. Because of its significance and the fact that implementing regulations were not published until September 30, 1981, also added to this list was the provision contained in Section 962 of the 1980 Budget Reconciliation Act (PL 96-499) which gave states greater flexibility in establishing their nursing home reimbursement rates.

After this initial listing of areas of potential technical assistance/information needs was developed, it was reviewed with a number of state and federal Medicaid officials and modifications were made based on those discussions. Also identified during these consultations were those specific aspects or issues within these areas about which states were considered likely to require additional information or assistance. The list of potential areas of technical information/assistance which was developed as a result of this process is presented in Table 1.

TABLE 1.
OBRA PROVISIONS AND RELATED ISSUES
WHICH MIGHT REQUIRE TECHNICAL ASSISTANCE

Revision of LTC facility reimbursement policies (Section 962 of P.L. 96-499)

Revision of inpatient hospital reimbursement policies (Section 2173 of P.L. 97-35)

Revision of physician and/or other non-institutional providers or service reimbursement policies, given the removal of Medicare reasonable charge limits (Section 2174)

Medically Needy Eligibility & Coverage (Sections 2171 & 2172)

- Development of criteria for determining what groups to cover under the medically needy program
- Identification of cost-effective combinations of services targeted to needs of medically needy groups

Establishment of Competitive Bid Process for Lab, X-Ray, Medical Devices (Section 2175)

Development of primary care/case management and physician specialty referral systems (Section 2175)

- Provision of general information re the operation of such systems
- Provision of assistance in establishing such systems within my state
- Provision of assistance in working with providers to develop their interest and participation in such systems

Development of program to allow localities to act as broker in assisting Medicaid recipients to choose among various health plans (Section 2175)

- Provision of background information re the current operations of such programs (e.g. Project Health in Multnomah County, Oregon)
- Provision of assistance in establishing such a program within my state
- Provision of assistance in developing the requisite participation of local health plans

Development of Approaches to Sharing Cost Savings with Recipients through the Provision of Additional Services (Section 2175)

Development of Approaches to Restrict Medicaid Recipients to Cost effective and Efficient Providers (Section 2175)

Development or Expansion of Recipient "Lock-in" Program (Section 2175)

Development of Provider "Lock-out" Program (Section 2175)

Development of Community-Based LTC Services (Section 2176)

Development of evaluation/assessment tool

- Development of LTC case management capability
- Development of fiscal management capability
- Development of guidelines and standards (i.e., quality assurance reimbursement) new types of community-based services (e.g. adult day care, personal care, chore services, etc.)

PSRO Review Made Non-Mandatory (Section 2113)

- Development of new agreement with PSRO and/or monitoring and evaluation plan
- Development of alternative non-PSRO utilization review methods

Third-Party Liability (Section 2161)

- Development or improvement of TPL recovery/cost avoidance procedures
- Development or improvement of specific data exchange, TPL recovery/cost avoidance procedures with:
 - private insurance carriers
 - Other government programs
 - absent parents

Development of Improved Fraud and Abuse Detection Procedures (Section 2161)

A preliminary list of the different types or forms of technical information and assistance which might be required in the above areas was also developed. Based upon discussions with state and federal Medicaid officials, the following classification of such information and assistance was developed:

- More information on federal policies
- Clarification of waiver criteria
- Assistance in the preparation of demonstration designs and/or waiver requests
- Staff training
- On-site consultation
 - policy or systems development
 - short-term or long-term
 - source: HCFA Central Office
HCFA Regional Office
Other states staff
Contractors
- Policy and/or Systems Evaluation
- Systems Documentation
- Conferences
- Publications, Reports
- Other

As can be seen from the above list, this assessment was structured to focus on a wide range of inputs states might require as the result of the OBRA. This range is perhaps broader than that connoted by the more traditional definition of "technical assistance." However, given the significance of the changes in the policies and procedures states can now make as the result of recent changes federal in the Title XIX legislation, it was perceived that states might in fact require such a wide variety of support from the federal government, ranging from further interpretation of federal policies to "hands-on"

systems documentation and development. Thus, the help which HCFA might provide states in implementing the OBRA provisions should perhaps be more properly referred to as "technical information and assistance" to reflect this more expansive set of supports. The classifications listed above attempt to reflect this broader definition.

Having developed these listings of both subject areas and types of technical assistance, the states' views on the types of support they would need to implement the OBRA provisions were solicited. The principal method of gathering this information was through personal contacts with state Medicaid directors and their staffs. A telephone survey was developed which sought to identify the following:

- each state's priorities for implementing the various provisions of the 1981 OBRA;
- each state's perception of the cost saving potential of each of the OBRA provisions;
- each state's priorities in terms of the types of technical assistance it would like to receive in order to implement the OBRA provisions;
- each state's views on ways HCFA could improve its overall approach to providing technical assistance to states.

Prior to conducting the telephone survey, a discussion guide which presented the listings of program areas and classifications and of technical assistance in matrix form was mailed to each Medicaid director to facilitate the identification of each state's priorities and perceptions. This guide included the listings of subject area and types of technical assistance presented earlier in this section. The telephone surveys were conducted during November and December, 1981 and in the first half of January 1982. A number of state officials indicated during the telephone survey that the receipt of the guide served as the catalyst for intensive and fruitful discussions among senior Medicaid staff concerning their states' implementation plans. In many cases, annotated discussion guides were returned by states either as a supplement to or in lieu of the information

provided in the telephone survey. At least two follow-up calls were made to each state when contact was not made initially.

The findings of this survey are presented in the following section of this report.

III. SURVEY FINDINGS

A total of forty-one states provided information concerning their implementation priorities and technical assistance needs generated by passage of the reconciliation statutes. The information they provided is presented below.

A. States' Priorities for Implementing the Medicaid Provisions of OBRA

States were first requested to rank order the various OBRA provisions according to their priorities for implementation. This was considered a useful backdrop for the information to be obtained on state technical information needs. By knowing which provisions states were most anxious to implement, HCFA would then be better able to allocate its limited technical assistance resources toward those areas as quickly as possible.

States were asked to assign rankings of 1 to 15 to the OBRA provisions listed in Table 1, with 1 representing the provision having the highest implementation priority. Table 2 presents the data obtained from those states which provided rankings of their implementation priorities. In addition to the states listed in this table, New Hampshire noted that the development of alternative utilization review methods and of a community-based long-term care services programs were priorities but did not provide rankings. Further, the District of Columbia and the State of South Dakota indicated that they had not yet decided which provisions they would implement. Given the fact, however, that approximately 70% of the District's Medicaid budget goes toward hospital care (inpatient and outpatient) there was an interest in exploring possible modifications to its hospital reimbursement policies.

The relative rankings assigned to the various areas of program changes were influenced by a number of factors, including the following:

- The current service, eligibility, and expenditure characteristics of the individual state Medicaid program;

Table 2
Individual States' Priorities for Implementing Selected OBRA Provisions

STATE \ PROVISION																																								
	ALASKA	ARKANSAS	CALIFORNIA	COLORADO	CONNECTICUT	FLORIDA	ILLINOIS	INDIANA	IOWA	KANSAS	KENTUCKY	MAINE	MARYLAND	MASSACHUSETTS	MICHIGAN	MINNESOTA	MISSISSIPPI	MISSOURI	MONTANA	NEBRASKA	NEVADA	NEW JERSEY	NEW MEXICO	NEW YORK	NORTH CAROLINA	OHIO	OREGON	PENNSYLVANIA	RHODE ISLAND	SOUTH CAROLINA	SOUTH DAKOTA	TENNESSEE	TEXAS	UTAH	VERMONT	VIRGINIA	WASHINGTON	WYOMING		
LTC Facility Reimbursement	2	2	4	9	2	11	5	1	NA	12	1	1	3	9	6	2	3	1*	1	2	11	12	2	3	15	15	2	1	1	10	3	2	2	12	1	1	6	4		
Inpatient Hospital Reimbursement	1	3	1	15	1	14	1	4	1	6	2	2	NA	10	4	1	2	2*	3	1	15	1	2	1	8	3	5	2	9	1	4	10	13	3	5	1	5			
Non-Institutional Provider Reimbursement	3	4	15	12	14	13	NA	5	3	1	3	14	9	12	12	4	5	12	1	0	9	3	7	2	7	12	8	5	2	2	9	11	10	8	12	NA	2			
Medically Needy Eligibility & Coverage	11	5	8	11	1	4	NA	NA	13	13	15	NA	13	11	8	6	NA	4	15	14	9	4	5	14	15	3	4	13	15	11	15	5	4	1	NA	15				
Competitive Bidding	5	2	11	5	12	3	15	7	3	14	4	8	14	7	7	4	14	15	12	5	8	5	7	6	10	9	13	10	5	8	12	14	11	10	2	13				
Primary Care Case Management Systems	13	2	1	10	7	6	4	**	8	9	5	2	2	1	13	7	7	14	3	1	10	8	8	3	5	12	7	12	11	5	3	1	2	15	3	7				
Program for Localities to Serve as Brokers	14	10*	7	15	8	9	13	**	10	11	6	6	11	15	15	9	9	2	13	13	7	14	9	11	9	14	11	15	14	14	7	13	2	15	15	NA	14			
Sharing of Cost Savings with Recipients	8	15	14	13	15	10	12	NA	9	15	7	7	3	14	14	11	11	12	14	3	6	12	13	14	11	10	14	15	4	10	14	15	13	15	NA	8				
Restricting Recipients to Cost-Effective Providers	7	10*	10	9	9	7	*	9	11	10	8	5	4	2	6	13	3	7	8	2	12	6	9	4	4	7	12	11	8	3	5	3	12	10	NA	9				
Recipient "Lock-in" Program	6	10*	2	8	10	*	*	4	*	8	13	11	5	8	9	14	13	11	9	11	13	10	3	5	8	*	10	5	7	*	4	6	9	3	*	6				
Provider "Lock-out" Program	9	10*	3	12	5	*	*	5	4	6	12	10	6	3	5	8	10	6	7	13	15	11	10	12	7	6	11	4	6	12	6	11	10	5	*	11				
Community-Based LTC Services	4	1	2	4	7	2	8	2	6	2	7	3	1	1	10	3	1	5	5	4	4	7	1	4	1	1	4	6	3	9	1	1	8	5	1	4	12			
Alternative Utilization Review Methods	5	15	10*	13	6	4	2	NA	NA	5	12	9	4	15	5	10	15	4	3	10	2	8	5	13	6	2	13	3	3	1	3	*	8	4	7	15	7	1		
Improved TPL Procedures	6	12	10*	5	4	3	*	3	2	7	4	10	NA	8	13	12	10	6	8	6	6	4	14	12	11	6	4	8	7	12	*	7	7	6	5	5	3			
Improved Fraud & Abuse Detection Procedures	7	10	10*	6	3	6	*	6	8	14	5	11	NA	7	9	11	12	8	9	5	10	5	15	14	10	9	2	9	6	10	6	9	9	14	5	*	10			

NA - Not applicable or not ranked

* - Program change already in place or being implemented

** - Identified as long-range priority

- State Medicaid officials' perceptions of the problems within their programs;
- The perceived cost saving potential of the various provisions; and
- Individual state's previous efforts to implement these or other cost containment policies and procedures.

An example of the effect of this last factor can be seen in the case of lock-in programs. Section 2175 of the OBRA provides legislative authority for states to establish such programs within their Medicaid programs. However, according to the National Governors' Association's State Medicaid Program Information Center, about 30 states already had set up some form of lock-in program prior to passage of the OBRA. In addition, the fact that some states were already moving ahead with the implementation of activities relating to the OBRA provisions at the time of the survey may have reduced the rank assigned to this area. The State of Tennessee, for example, assigned no ranking to the development of an improved third party liability system, noting that such a system was ready to be implemented on January 1, 1982.

In order to arrive at a composite picture of states' implementation priorities, a weighting system was developed so that individual state's rankings might be combined. A weight of 15 was assigned to each state's number one priority, a number two priority given 14, and so on, with the fifteenth priority being assigned a weight of one. In the few instances where states assigned two or more provisions the same priority ranking or used something other than a 1 to 15 ranking approach, a suitable variant of this weighting system was utilized.

The results of this cumulative weighting of priorities are presented in Table 3. As a group, changes to states' reimbursement policies are among the highest priorities for implementation. Of the 38 states providing such rankings, the number one priority for implementation was revisions to their inpatient hospital reimbursement policies. Revising states' nursing home reimbursement policies was the number three priority and revising non-institutional provider reimbursement policies was number five, although the total

TABLE 3.

**SELECTED OBRA PROVISIONS, RANKED BY STATES ACCORDING
TO IMPLEMENTATION PRIORITIES**

<u>Rank</u>	<u>Provision</u>	<u>Weighted Score</u>
1.	Revisions to hospital reimbursement policies	425
2.	Development of community-based LTC services	410
3.	Revisions to nursing home reimbursement policies	409
4.	Alternative utilization review methods	307
5.	Revisions to non-institutional provider reimbursement policies	304
6.	Development of primary care case management networks	300
7.	Restricting recipients to cost-effective providers	283
8.	Improved third-party liability procedures	280
9.	Competitive bidding for lab, x-rays, & medical devices	268
10.	Improved fraud & abuse detection activities	245
11.	Provider "lock-out" programs	231
12.	Recipient "lock-in" programs	218
13.	Revisions to medically needy eligibility or coverage	186
14.	Allowing localities to serve as brokers	170
15.	Sharing of cost savings with recipients	163

weighted score of the latter was significantly less than those of the hospital and nursing home reimbursement provisions.

B. States' Perception of Cost Savings Potential of OBRA provisions

State Medicaid officials were also asked to rank order the OBRA provisions presented in Table 1 according to their perceptions of the relative cost saving potential of each of these provisions. Table 4 presents the rankings given each provision by the individual states.

In order to determine the overall perceptions of those states which provided these rankings, the same weighting system used in establishing overall implementation priorities was applied to the individual states' cost savings rankings. The results of this weighting approach are presented in Table 5, which indicate that changes in states' inpatient hospital reimbursement policies are perceived to hold the greatest potential for Medicaid cost savings. Changes to nursing home reimbursement policies are ranked as having the second greatest cost saving potential, while revisions to non-institutional provider reimbursement policies only ranked seventh.

Table 6 compares the relative rankings of the various provisions by implementation priority and cost saving potential. In general, a strong positive relationship is evident between the two sets of rankings, with a higher implementation priority assigned to those provisions which are perceived to hold the greatest potential for cost savings. (Spearman's coefficient of rank correlation is .788). Interestingly, the development of a community-based long-term care services program, which is the states' third highest implementation priority, also ranked as having the fifth greatest cost saving potential. This is in spite of the often expressed concern that the development of such alternatives might generate a previously unmet demand for these services and increase program expenditures, at least in the short run.

Table 4

Individual States' Rankings of Perceived Cost Saving Potential of Selected OBRA Provisions

STATE \ PROVISION	ALASKA	ARIZONA	CALIFORNIA	COLORADO	CONNECTICUT	ILLINOIS	INDIANA	IOWA	KANSAS	KENTUCKY	MAINE	MARYLAND	MASSACHUSETTS	MICHIGAN	MINNESOTA	MISSISSIPPI	MISSOURI	NEBRASKA	NEVADA	NEW JERSEY	NEW MEXICO	NEW YORK	NORTH CAROLINA	OREGON	PENNSYLVANIA	RHODE ISLAND	SOUTH CAROLINA	TENNESSEE	TEXAS	UTAH	VERMONT	VIRGINIA	WASHINGTON	WYOMING	
LTC Facility Reimbursement	1	1	7	7	3	10	1	NA	12	1	1	9	12	11	1	4	1	1	11	***	1	3	15	4	2	1	7	2	2	12	1	3	4	4	
Inpatient Hospital Reimbursement	2	2	2	15	1	1	2	1	1	2	2	NA	10	1	2	1	2	2	1	***	1	2	1	5	1	2	8	5	3	13	3	3	2	1	
Non-Institutional Provider Reimbursement	3	4	15	10	15	NA	5	2	10	3	14	10	11	7	3	3	12	3	10	12	1	8	10	12	9	4	2	9	4	10	4	15	NA	13	
Medically Needy Eligibility & Coverage		3	8	13	7	2	NA	NA	7	4	13	NA	13	13	4	7	NA	4	15	NA		4	13	15	12	3	10	8	15	5	2	1	NA	15	
Competitive Bidding		7	3	9	8	3	15	4	6	14	10	8	8	4	10	5	14	11	12	5		7	8	10	8	13	1	10	5	14	13	12	5	10	
Primary Care Case Management Systems		14	13	1	9	4	14	NA	12	5	6	1	2	6	12	6	7	12	6	1		6	14	3	10	7	12	7	12	1	5	10	1	6	
Program for Localities to Serve as Brokers		13	9	6	13	8	13	**	13	9	7	4	9	15	15	14	9	13	13	11		12	11	14	11	15	12	6	13	2	15	15	NA	12	
Sharing of Cost Savings with Recipients		9	14	11	11	9	12	NA	11	15	8	5	4	14	14	13	11	14	14	6		5	12	11	13	14	13	11	14	15	10	15	NA	8	
Restricting Recipients to Cost-Effective Providers		6	10	8	6	5	*	9	5	6	9	2	3	2	5	10	3	9	7	2		5	3	2	6	10	9	4	7	3	7	2	NA	9	
Recipient "Lock-in" Program		8	11	3	10	*	*	5	4	12	11	7	6	5	7	12	13	10	8	9		10	5	8	NA	11	3	13	6	6	8	12	*	5	
Provider "Lock-out" Program		12	12	4	12	*	*	6	15	10	12	6	7	3	6	9	10	8	5	10		11	6	7	7	12	4	12	8	11	9	10	*	7	
Community-Based LTC Services		5	5	1	14	14	7	3	7	9	11	15	11	1	9	9	2	6	5	9	13		1	2	1	14	6	14	1	1	8	14	3	14	
Alternative Utilization Review Methods		7	15	4	12	5	6	NA	NA	3	13	5	3	15	2	11	15	4	15	2	4		9	9	13	3	5	15	15	11	4	11	15	6	3
Improved TPL Procedures		4	11	5	2	2	*	4	3	2	7	3	NA	14	10	8	8	5	6	4	3		13	7	6	4	8	5	3	9	7	6	10	3	2
Improved Fraud & Abuse Detection Procedures		6	10	6	5	4	*	6	8	8	8	4	NA	5	8	13	1	8	7	3	7		14	14	9	5	9	6	14	10	9	12	10	*	11

NA - Not applicable or not ranked

* - Program change already in place or being implemented

** - Savings anticipated to be long-range

*** - No savings anticipated

TABLE 5.
SELECTED OBRA PROVISIONS, RANKED BY STATES'
PERCEPTION OF COST SAVING POTENTIAL

<u>Rank</u>	<u>Provision</u>	<u>Weighted Score</u>
1.	Revisions to inpatient hospital reimbursement policies	373
2.	Revisions to LTC facility reimbursement policies	325
3.	Improved third-party liability procedures	292
4.	Restriction of recipients to cost-effective providers	273
5.	Community-based LTC services	262
6.	Primary care case management systems	262
7.	Revisions to non-institutional provider reimbursement policies	242
8.	Competitive bidding for lab, x-ray, medical devices	236
9.	Improved fraud & abuse detection activities	224
10.	Recipient "lock-in" programs	213
11.	Provider "lock-out" programs	211
12.	Alternative non-PSRO utilization review methods	211
13.	Revisions to medically needy eligibility and/or coverage	188
14.	Allowing localities serving as brokers for health plans	144
15.	Sharing of cost savings with recipients	128

TABLE 6.

**SELECTED OBRA PROVISIONS, COMPARED BY STATES' IMPLEMENTATION
PRIORITIES AND PERCEIVED COST SAVING POTENTIAL**

<u>Provision</u>	<u>Ranking for Implementation Priority</u>	<u>Ranking for Perceived Cost Saving Potential</u>
Revisions to hospital reimbursement policies	1	1
Development of community-based LTC services	2	5
Revisions to nursing home reimbursement policies	3	2
Alternative utilization review methods	4	12
Revisions to non-institutional provider reimbursement policies	5	7
Development of primary care case management networks	6	6
Restricting recipients to cost-effective providers	7	4
Improved third-party liability procedures	8	3
Competitive bidding for lab, x-ray, & medical devices	9	8
Improved fraud & abuse detection activities	10	9
Provider "lock-out" programs	11	11
Recipient "lock-in" programs	12	10
Revisions to medically needy eligibility or coverage	13	13
Allowing localities to serve as brokers	14	14
Sharing of cost savings with recipients	15	15

C. States' Technical Assistance/Information Needs

Having indicated their priorities for implementing the OBRA provisions and their perceptions of the cost savings potential of these provisions, states were then asked to identify those types of technical assistance/information which would be helpful to them in carrying out their implementation plans. Each state was asked to identify the types of assistance it might require according to:

1. the OBRA provision or the specific technical issue within the provision which each of the different types of assistance would address;
2. the form of technical assistance sought, including in some cases its duration and preferred source; and
3. its priorities for receipt of such information/assistance.

In identifying the form of assistance they would like, states were referred to the list presenting a classification of types of assistance which was discussed in the methodology section of this report and provided to states as part of the discussion guide. When this listing did not satisfactorily identify the type of assistance in which states were interested, further categories were developed. States were asked to identify no more than twenty technical assistance/information needs and to rank order these needs, assigning a value of one to its highest priority and a twenty to its lowest.

Table 7 presents a summary of the number of times a need for each of the different types of technical assistance/information was identified by the states. Thirty-eight of the 41 responding states provided data in this area. Alabama stated that it had no need for technical assistance at this time and the states of Maine and South Dakota indicated that their technical assistance needs could not be determined until after their implementation plans were finalized. These 38 states identified a total of 605 technical assistance/information needs. Abstracts of each state's top five technical assistance priorities are presented in Appendix A of this report. The areas in which they identified the greatest need for technical assistance are listed in the first column of these abstracts; the types of

TABLE 7
TOTAL NUMBER OF INDICATIONS OF TECHNICAL ASSISTANCE NEEDS,
BY SUBJECT AREA AND TYPE OF ASSISTANCE

PROGRAM AREAS	TOTALS	More Info on Federal Policies	Clarification of Waiver Criteria	Preparation of Demonstration Design/Waiver Request	Staff Training	On-Site Consultation Re Policy Development				On-Site Consultation Re Systems Development				Policy/Systems Evaluation	Systems Documentation	Conferences	Publications, Reports	Other (See notes)							
						< 2 Weeks		> 2 Weeks		< 2 Weeks		> 2 Weeks													
						Source		Source		Source		Source													
						HCFA Central	HCFA Regional	Other States	Contractors	HCFA Central	HCFA Regional	Other States	Contractors												
TOTALS	63	9	22	30	22	44	45	52	10	2	7	26	18	14	9	16	4	1	3	18	58	15	21	67	15
Revision of inpatient hospital reimbursement policies	45	9	2	2	-	7	1	5	1	1	2	-	1	-	-	-	-	-	1	3	3	-	1	4	1
Development of Community-Based LTC Services	32	2	4	3	-	1	2	2	-	-	2	2	-	1	2	-	-	-	-	1	6	-	-	4	-
• Development of evaluation/assessment tool																									
• Development of LTC case management capability	30	3	1	3	1	2	1	-	-	-	3	5	1	-	2	-	-	-	-	1	3	-	1	2	-
• Development of fiscal management capability	26	3	1	2	2	1	1	-	-	-	1	4	1	-	2	-	-	-	-	1	2	1	2	-	-
• Development of guidelines and standards (i.e., quality assurance reimbursement) new types of community-based services (e.g. adult day care, personal care, chore services, etc.)	21	4	2	4	1	4	5	1	-	-	1	1	-	-	-	-	-	-	2	1	-	1	1	-	-
Revision of LTC facility reimbursement policies	35	9	1	-	1	2	2	1	2	-	2	-	1	1	-	-	-	-	-	2	4	1	2	1	2
PSRO Review Made Non-Mandatory																									
• Development of new agreement with PSRO and/or monitoring and evaluation plan	14	3	-	-	1	2	1	1	-	-	1	1	-	-	-	-	-	-	1	1	-	-	1	-	1
• Development of alternative non-PSRO utilization review methods	26	4	3	-	-	1	1	3	3	1	-	-	-	-	1	-	1	-	-	-	2	1	-	4	1
Revision of physician and/or other non-institutional providers or service reimbursement policies, given the removal of Medicare reasonable charge limits	18	4	1	1	-	2	-	1	-	-	1	2	-	-	1	-	-	-	-	2	-	1	2	-	-
Development of primary care/case management and physician specialty referral systems	21	4	1	4	1	-	1	1	1	-	1	-	2	1	-	-	-	-	1	2	-	2	6	1	-
• Provision of general information re the operation of such systems																									
• Provision of assistance in establishing such systems within my state	22	2	-	1	-	2	3	2	-	-	1	-	1	-	3	-	-	-	-	1	2	2	1	1	-
• Provision of assistance in working with providers to develop their interest and participation in such systems	12	-	-	-	3	1	1	1	1	-	1	2	-	-	-	-	-	-	-	1	-	-	1	-	-
Development of Approaches to Restrict Medicaid Recipients to Cost-effective and Efficient Providers	41	7	3	3	1	3	3	7	-	2	1	1	1	2	1	-	-	-	1	2	-	3	4	2	-
Third-Party Liability																									
• Development or improvement of TPL recovery/cost avoidance procedures	11	2	-	-	3	2	-	3	1	-	2	-	1	-	-	-	-	-	1	5	3	1	4	1	-
• Development or improvement of specific data exchange, TPL recovery/cost avoidance procedures with:																									
private insurance carriers	23	2	-	-	2	-	2	2	1	-	2	-	1	1	-	-	-	-	-	4	1	-	4	1	-
Other government programs	11	2	-	-	1	-	1	1	-	-	-	-	-	-	-	-	-	-	-	3	1	-	2	1	-
absent parents	10	2	-	-	1	-	1	-	-	-	1	1	-	-	-	-	-	-	-	1	-	-	2	1	-
Establishment of Competitive Bid Process for Lab, X-Ray, Medical Devices	15	4	-	2	-	1	3	5	1	-	-	1	1	-	-	-	-	-	-	4	-	-	3	-	-
Development of Improved Fraud and Abuse Detection Procedures	20	1	-	-	1	2	1	4	-	-	1	1	-	-	-	-	-	-	1	-	4	2	1	2	-
Development of Provider "Lock-out" Program	11	5	1	1	4	-	2	-	-	1	1	2	-	-	-	-	-	-	-	1	1	1	2	-	-
Development or Expansion of Recipient "Lock-in" Program	10	3	1	1	-	2	1	2	-	-	-	-	1	2	-	-	-	-	1	-	-	-	3	1	-
Medically Needy Eligibility & Coverage																									
• Development of criteria for determining what groups to cover under the medically needy program	15	7	-	-	1	4	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	1	-	-
• Identification of cost-effective combinations of services targeted to needs of medically needy groups	14	4	1	1	-	1	1	1	-	1	-	-	-	-	-	-	-	-	-	1	-	1	2	-	-
Development of program to allow localities to act as broker in assisting Medicaid recipients to choose among various health plans	16	2	-	1	-	-	2	1	-	-	2	-	-	-	-	-	-	-	1	-	-	-	2	5	-
• Provision of background information re the current operations of such programs (e.g. Project Health in Multnomah County, Oregon)																									
• Provision of assistance in establishing such a program within my state	10	-	-	1	-	1	3	1	-	-	-	-	-	1	1	-	-	-	-	1	-	1	-	-	-
• Provision of assistance in developing the requisite participation of local health plans	9	1	-	-	-	1	2	-	-	1	1	-	-	-	-	-	-	-	-	1	-	2	-	-	-
Development of Approaches to Sharing Cost Savings with Recipients through the Provision of Additional Services	18	4	-	-	-	1	2	2	-	-	1	1	-	-	1	-	-	-	1	-	-	-	5	-	-

assistance they sought are listed in the second column directly across from their respective area. Charts indicating the entire range of each state's priorities are provided in Appendix B.

Before proceeding to an analysis of these data, it would be useful to present one additional summary of the aggregate data. As mentioned, states were asked to prioritize the technical assistance needs they identified by ranking them from one to twenty. Utilizing an approach similar to the one described earlier in connection with the weighting of states' implementation priorities and cost saving perceptions, composite scores were developed for these needs which reflect both the number of times a type of assistance was identified and the priorities assigned to it. Table 8 provides a summary of the weighted scores assigned to the various categories of assistance sought by the respondent states. A total of 6,911 priority points were assigned to the 605 technical assistance needs identified by the states. Both this table and Table 7 list the program areas for which technical assistance is sought according to the states' overall implementation priorities indicated in Table 3. Table 9 brings together the information presented in these last two tables by identifying which state request the various types of assistance for each of the OBRA provisions, with the numbers in parentheses after the state's abbreviations reflecting the priority given that request by the state. More than one number in the parentheses indicate that the state made several requests for the same general type of assistance, perhaps directing each request at a different aspect of the same provision. This detail can be found in the individual state charts contained in Appendix B. A listing of the state abbreviations used in Table 9 follows that table.

Table 10 compares, by program area, the number of indications of assistance needs with the weighted scores assigned to these indications. The last column of this table provides the average weighted priority score of individual requests for assistance. This measure was obtained by dividing the total weighted priority score for an area (column 3) by the number of requests* in this area (column one) and provides an indication of the

TABLE 8
PRIORITY WEIGHTINGS OF TECHNICAL ASSISTANCE NEEDS

PROGRAM AREAS	TOTALS	More Info on Federal Policies	Clarification of Waiver Criteria	Preparation of Demonstration Design/Waiver Request	Staff Training	On-Site Consultation Re Policy Development						On-Site Consultation Re Systems Development						Policy/Systems Evaluation	Systems Documentation	Conferences	Publications, Reports	Other (See notes)			
						≤ 2 Weeks		≥ 2 Weeks		≤ 2 Weeks		≥ 2 Weeks													
						Source	Source	Source	Source	Source	Source	Source	Source												
						HCFA Central	HCFA Regional	Other States	Contractors	HCFA Central	HCFA Regional	Other States	Contractors	HCFA Central	HCFA Regional	Other States	Contractors								
TOTALS	4,169	122	40	51	128	577	443	183	18	84	315	257	152	61	180	48	13	32	342	385	172	342	62	211	
Revision of inpatient hospital reimbursement policies	4,169	122	40	51	128	26	60	26	17	16	18	15	-	-	-	-	-	15	48	34	-	8	48	14	
Development of Community-Based LTC Services	4,169	122	40	51	128	3	40	3	29	13	27	-	-	33	33	17	24	-	11	34	-	8	48	14	
• Development of evaluation/assessment tool	4,169	122	40	51	128	36	20	26	3	19	19	8	-	30	57	17	28	-	9	18	-	14	44	-	
• Development of LTC case management capability	4,169	122	40	51	128	36	20	26	3	19	19	8	-	30	57	17	28	-	9	18	-	14	44	-	
• Development of fiscal management capability	4,169	122	40	51	128	34	20	23	8	7	2	-	-	13	54	14	17	-	12	17	17	20	22	-	
• Development of guidelines and standards (i.e., quality assurance reimbursement) new types of community-based services (e.g. adult day care, personal care, chore services, etc.)	4,169	122	40	51	128	41	31	61	8	73	43	1	-	9	15	13	-	-	15	11	-	15	7	1	
Revision of LTC facility reimbursement policies	4,169	122	40	51	128	17	17	19	-	17	31	27	19	37	19	-	24	-	16	11	-	-	30	54	1
PSRO Review Made Non-Mandatory	4,169	122	40	51	128	17	17	19	-	17	31	27	19	37	19	-	24	-	16	11	-	-	30	54	1
• Development of new agreement with PSRO and/or monitoring and evaluation plan	4,169	122	40	51	128	17	17	19	-	17	31	27	19	37	19	-	24	-	16	11	-	-	30	54	1
• Development of alternative non-PSRO utilization review methods	4,169	122	40	51	128	17	17	19	-	17	31	27	19	37	19	-	24	-	16	11	-	-	30	54	1
Revision of physician and/or other non-institutional providers or service reimbursement policies, given the removal of Medicare reasonable charge limits	4,169	122	40	51	128	52	7	-	-	18	-	15	-	-	-	-	16	-	10	-	-	-	40	-	6
Development of primary care/case management and physician specialty referral systems	4,169	122	40	51	128	49	9	46	12	-	18	4	9	-	11	-	23	16	-	-	-	19	23	-	27
• Provision of general information re the operation of such systems	4,169	122	40	51	128	49	9	46	12	-	18	4	9	-	11	-	23	16	-	-	-	19	23	-	27
• Provision of assistance in establishing such systems within my state	4,169	122	40	51	128	46	-	11	-	23	57	16	-	-	19	-	7	43	-	-	-	20	41	21	8
• Provision of assistance in working with providers to develop their interest and participation in such systems	4,169	122	40	51	128	48	-	-	31	9	16	10	8	-	28	47	-	-	-	-	-	18	8	-	3
Development of Approaches to Restrict Medicaid Recipients to Cost-effective and Efficient Providers	4,169	122	40	51	128	71	40	19	19	40	22	13	-	-	13	20	16	10	8	29	17	-	15	38	-
Third-Party Liability	4,169	122	40	51	128	27	-	-	40	23	-	23	10	-	-	13	-	-	2	-	-	-	22	33	38
• Development or improvement of TPL recovery/cost avoidance procedures	4,169	122	40	51	128	27	-	-	40	23	-	23	10	-	-	13	-	-	2	-	-	-	22	33	38
• Development or improvement of specific data exchange, TPL recovery/cost avoidance procedures with:	4,169	122	40	51	128	27	-	-	11	-	25	4	9	-	17	-	1	4	-	-	-	-	11	-	12
private insurance carriers	4,169	122	40	51	128	27	-	-	11	-	25	4	9	-	17	-	1	4	-	-	-	-	11	-	12
Other government programs	4,169	122	40	51	128	27	-	-	4	-	13	-	8	-	-	-	-	-	-	-	-	-	6	-	12
absent parents	4,169	122	40	51	128	27	-	-	18	-	12	-	-	-	-	-	-	-	-	-	-	-	2	-	20
Establishment of Competitive Bid Process for Lab, X-Ray, Medical Devices	4,169	122	40	51	128	38	-	18	-	13	57	34	1	-	-	6	7	-	-	-	-	-	39	-	12
Development of Improved Fraud and Abuse Detection Procedures	4,169	122	40	51	128	57	-	-	6	10	5	43	-	-	3	9	-	-	-	-	-	3	21	24	1
Development of Provider "Lock-out" Program	4,169	122	40	51	128	54	15	3	6	52	-	9	-	-	10	11	-	-	-	-	-	15	13	16	-
Development or Expansion of Recipient "Lock-in" Program	4,169	122	40	51	128	54	31	16	16	-	22	3	13	-	-	-	7	15	-	-	-	13	-	-	13
Medically Needy Eligibility & Coverage	4,169	122	40	51	128	44	-	-	-	10	46	-	-	-	-	-	-	-	-	-	-	-	33	-	3
• Development of criteria for determining what groups to cover under the medically needy program	4,169	122	40	51	128	44	-	-	-	10	46	-	-	-	-	-	-	-	-	-	-	-	33	-	3
• Identification of cost-effective combinations of services targeted to needs of medically needy groups	4,169	122	40	51	128	45	15	1	-	9	17	8	-	-	19	-	-	-	-	-	-	-	2	-	14
Development of program to allow localities to act as broker in assisting Medicaid recipients to choose among various health plans	4,169	122	40	51	128	6	-	12	-	-	12	6	-	-	30	-	-	-	-	-	-	14	-	-	7
• Provision of background information re the current operations of such programs (e.g. Project Health in Multnomah County, Oregon)	4,169	122	40	51	128	6	-	12	-	-	12	6	-	-	30	-	-	-	-	-	-	14	-	-	7
• Provision of assistance in establishing such a program within my state	4,169	122	40	51	128	-	-	15	14	24	3	-	-	-	11	-	-	-	4	-	13	-	5	-	5
• Provision of assistance in developing the requisite participation of local health plans	4,169	122	40	51	128	3	-	-	-	14	12	-	-	-	6	13	-	-	-	-	-	-	12	-	15
Development of Approaches to Sharing Cost Savings with Recipients through the Provision of Additional Services	4,169	122	40	51	128	53	-	-	-	11	7	33	-	-	7	-	13	-	-	-	-	18	-	-	22

Table 9
Types of Assistance/Information Sought By
State Medicaid Agencies, by Subject Area and by State
(Priority Rankings in Parentheses)

	More Information on Federal Policies	Clarification of Waiver Criteria	Assistance in Preparation of Waiver Request/ Demo Design	Staff Training	On-Site Consultation by HCFA Central Office Staff	On-Site Consultation by HCFA Regional Office Staff	On-Site Consultation by Staff from Other States	On-Site Consultation by Contractors	Policy/ Systems Evaluation	Systems Documentation	Conferences	Publications/ Reports	Other*
LTC Facility Reimbursement	CT (10) FL (13) MS (3) MT (1) NM () NY (4) SC (1) VA (5)	CA (2)		VT (4)	MI (8) MN (2/5) TN (3)	NE (1) RI (10) WA (14)	CO (17) IN (1) PA (2)	AK (2) VT (2/3)	IN (2) MO (15) OR (12) PA (1)	KS (20)	MA (8) OR (14)	PA (19)	OR (8) VT (1)
Inpatient Hospital Reimbursement	FL (14) MS (2) NE (2) NM () NC (1) OH (1) RI (11) SC (2) VA (5)	CA (1) NV (1)	NV (2) NY (3)		MI (1) MN (1/6) NV (3) NC (8) OH (2/4) TN (4) TX (20)	KS (5) WA (1)	IN (3) MA (7) OH (3) PA (11) TX (19) VT (5/6)	AK (11) IA (1) NC (3)	IN (4) MO (14) OR (11)		OR (13)	DC (1) PA (10) TX (18) UT (15)	OR (7)
Non-Institutional Provider Reimbursement	FL (20) MS (5) NE (3) NM ()	OH (14)			MN (15/17) SC (9) TN (9)		MI (6)	NC (11)	KS (1) KY (1)		NY (15)	MA (9) UT (17)	
Medically Needy Eligibility & Coverage	AR (4/5) CO (16) FL (1) MI (14) NE (5) NC (2) VA (5) VT (10)	NY (6)	NC (20)	VT (11)	MN (12) NY (15) NC (10) RI (12) TN (11)	FL (2) NE (4)	MI (13)		KS (3/19) MS (6)		NY (7)	CT (17) UT (16/18)	
Competitive Bidding	NE (16) NC (16) SC (3) VA (5)		AR (9) OH (15)		NJ (14) TN (8)	CT (2) FL (19) WA (2)	CO (12) FL (19) MI (7) OH (16) PA (17)	AK (20) NC (15)	KY (12) MS (6) NJ (15) NY (14)			PA (18) RI (14) UT (19)	CA (5)
Primary Care Case Management Systems	CO (1) FL (11) KY (10) MD (6) MS (7) VA (15)	NE (12)	IL (1) MI (19) NV (7) OH (11) SC (10)	AR (17) NE (14) UT (1) VT (9)	MN (13/14) SC (12) TN (6)	FL (5) KS (11) NE (13) VT (8) WA (3/4/5)	CO (2/3) CT (11) MA (3) MD (7) MI (5/11) NV (8) NC (17/18) OR (10) SC (10)	IA (2) MA (2) NJ (1/2) NY (12) OH (12/13)	KY (13) MO (5) OR (6) UT (3/12)	KS (12/13) NJ (3)	MA (4) NY (11/13)	AR (16) CT (10) KY (18) NY (9) OR (5) RI (19) UT (11) VT (7)	CA (4)
Program for Localities to Serve as Brokers	MI (18/20) VA (15)		CO (9) SC (6)		FL (8) SC (7) TN (7)	KS (10/15) MS (9) NE (18/19/20) WA (10/11/12)	CO (10) MA (15) MO (17/18) UT (2/7/8)		MO (16) UT (9)		KS (17) MA (16/17) NY (18) UT (10)	CT (15) FL (10) IL (7) KY (19) MD (9)	

Table 9 (Continued)

	More Information on Federal Policies	Clarification of Waiver Criteria	Assistance in Preparation of Waiver Request/ Demo Design	Staff Training	On-Site Consultation by HCFA Central Office Staff	On-Site Consultation by HCFA Regional Office Staff	On-Site Consultation by Staff from Other States	On-Site Consultation by Contractors	Policy/ Systems Evaluation	Systems Documentation	Conferences	Publications/ Reports	Other*
Sharing of Cost Savings with Recipients	AR (14) FL (16) KY (14) MD (10) MS (11)				TN (10)	FL (7) K5 (14) WA (18)	MI (2) NJ (7)	IA (3) NJ (8/9)				CT (16) MA (10) RI (18) SC (19) UT (20)	
Restricting Recipients to Cost-Effective Providers	CO (14) KY (9) MD (8) NE (11) PA (14) UT (4) VA (15)	AR (6) CO (15) MO (2)	NV (19) NY (8) OH (17)	IL (2)	FL (9) MN (9/11) TN (5)	MS (13) RI (17) SC (8) UT (5) WA (19)	MA (1) MI (12) MO (3/4) NJ (4) NC (13) OR (9) PA (15) TX (1) UT (6)	IA (4) NJ (5/6) OR (3)	MO (1) OR (3)		KS (4) NY (9) OR (4)	CT (12) NY (10) OR (2) PA (16)	OR (1)
Recipient "Lock-in" Programs	CO (4) MD (12) NY (16)	MA (5)	CO (5)		FL (6) TN (14)	K5 (18) MS (14)	AR (10) NV (20) OH (7) VT (19)	OH (8)				KY (20) RI (15) UT (15)	
Provider "Lock-out" Programs	CO (6) MD (11) NY (17) PA (12)	MA (6)	NV (18)	AR (15)	FL (7) MI (3) MN (17) TN (12) TX (14)		CO (11) PA (13) VT (20)		KS (6) MS (8)	KY (5)		RI (16) TX (6)	
Community-Based LTC Services	CO (20) KY (8) MD (13/4) MI (15/16/17) NE (6/7/8) VT (14)	CA (3) MD (2) MI (9) RI (3) SC (4) VA (1)	AK (12/13/14/15) AR (1) MS (1) NJ (10) NV (10) OH (5/6) SC (12) VA (1)	NV (13) SC (15)	FL (3) IL (3) MN (4/7/8) RI (1) TN (1/2) TX (4) WA (14)	NE (9) RI (2/4/6/7/8) SC (16) VT (15) WA (15/16/17)	CO (19) IN (5/8/11/14) MA (22) MN (3) MO (10/13) NV (11/12) NC (4/5/12) TX (3/8/12)	AK (3/4/5/6) CT (3) IN (6/9/12/15) MD (5) NC (6/8/11/12) MO (8/11/12) OH (18) RI (5) TX (11)	CO (18) IN (7/10/13/16) KY (6) MD (5) MO (8/11/12) OH (18) RI (5) TX (11)	KS (7)	KS (6) KY (7) NY (1)	CT (7) IL (5/6) KS (7) MA (11/12/13) NV (14) NY (2) TX (2/9)	
Alternative Utilization Review Methods	FL (5) MA (18/19) MS (15) NH (1) VA (3)			MN (16) PA (5)	TN (16)	MO (9) NC (19) RI (9) WA (20)	IL (4) MI (10) NV (5) OH (10)	AK (7) CT (9) VT (18)	MO (6) OH (19)	KS (8)		NV (6) PA (9) TX (7) UT (14)	
Improved TPL Procedures	NM () VA (5)			KY (2/3/15/17) NY (16) PA (9) VT (12)	TN (13) WA (6)	MO (19/20) MS (10) WA (7/8/9)	AK (8/9) IN (16/17) MA (14) NC (14) PA (8/20) SC (17/18) TX (17)	AR (12/13) IA (3)	IN (20) NE (15/16/17) NJ (16) NY (19/20) OR (18/19/20) PA (7) VT (13)	KS (9) MD (13)	KS (9)	CT (4/5/6/8) KS (9) MA (20/21) NV (6) OR (15/16/17) PA (4) TX (7/16) UT (14)	CO (7/8/13)
Improved Fraud & Abuse Detection Procedures				NV (15)	AK (17) FL (12) TN (15)	AK (16)	AK (18) IN (18) MI (4) PA (3) SC (20)	MS (12) NE (10) OH (20)	IN (19) KY (4) MD (14)		RI (20)	CT (13) TX (15)	

*See individual state charts in Appendix B for description of assistance listed in "Other" category.

LIST OF STATE ABBREVIATIONS USED IN TABLE 9

Alabama	AL	Nebraska	NE
Alaska	AK	Nevada	NV
Arizona	AZ	New Hampshire	NH
Arkansas	AR	New Jersey	NJ
California	CA	New Mexico	NM
Colorado	CO	New York	NY
Connecticut	CT	North Carolina	NC
Delaware	DE	North Dakota	ND
District of Columbia	DC	Northern Marianas	TT
Florida	FL	Ohio	OH
Georgia	GA	Oklahoma	OK
Guam	GU	Oregon	OR
Hawaii	HI	Pennsylvania	PA
Idaho	ID	Puerto Rico	PR
Illinois	IL	Rhode Island	RI
Indiana	IN	South Carolina	SC
Iowa	IA	South Dakota	SD
Kansas	KS	Tennessee	TN
Kentucky	KY	Texas	TX
Louisiana	LA	Utah	UT
Maine	ME	Vermont	VT
Maryland	MD	Virgin Islands	VI
Massachusetts	MA	Virginia	VA
Michigan	MI	Washington	WA
Minnesota	MN	West Virginia	WV
Mississippi	MS	Wisconsin	WI
Missouri	MO	Wyoming	WY
Montana	MT		

TABLE 10.
INDICATIONS OF TECHNICAL ASSISTANCE NEEDS,
TOTAL AND AVERAGE WEIGHTED PRIORITY SCORES, BY PROGRAM AREA

Program Area	Number of Requests for Assistance	(% of total number)	Total Weighted Priority Scores, by Area	(% of total scores, all areas)	Average Weighted Priority Score Per Request
1. Revisions to hospital reimbursement policies	45	(7.4)	640	(9.3)	14.2
2. Development of community-based LTC services	117	(19.3)	1,490	(21.6)	12.7
3. Revisions to nursing home reimbursement policies	35	(5.8)	447	(6.5)	12.8
4. Alternative utilization review methods	40	(6.6)	427	(6.2)	10.7
5. Revisions to non-institutional provider reimbursement policies	18	(3.0)	185	(2.7)	10.3
6. Development of primary care case management networks	63	(10.4)	839	(12.1)	13.3
7. Restricting recipients to cost-effective providers	47	(7.8)	595	(8.6)	12.7
8. Improved third-party liability procedures	73	(12.1)	665	(9.6)	11.9
9. Competitive bidding for lab, x-ray, & medical devices	25	(4.1)	241	(3.5)	9.6
10. Improved fraud & abuse detection activities	20	(3.3)	157	(2.3)	7.9
11. Provider "lock-out" programs	22	(3.6)	224	(3.2)	10.2
12. Recipient "lock-in" programs	18	(3.0)	154	(2.2)	8.6
13. Revisions to medically needy eligibility or coverage	29	(4.8)	335	(4.8)	11.6
14. Allowing localities to serve as brokers	35	(5.8)	301	(4.4)	8.6
15. Sharing of cost savings with recipients	<u>18</u>	<u>(3.0)</u>	<u>181</u>	<u>(2.6)</u>	<u>10.1</u>
TOTAL	605	(100%)	6,911	(100%)	

average priority given each individual requests in an area. The greater this score, the higher the average priority assigned the request.

As can be seen from this table, nearly one-fifth of all requests for assistance was in the area of the development of community-based long-term care services programs, about 30% of which seek either additional information on federal policies, clarification of waiver criteria and/or assistance in the preparation of waiver requests. Although nine states had identified the development of such a program as their highest implementation priority, only two requests for waivers in this area had been submitted to HCFA by the close of 1981. Eleven requests for assistance in the preparation of waiver requests were recorded in this survey. The fact that a significant number of states appear to be having difficulty with the development of a proposal for a community-based LTC program is reflective of both the difficulty involved in establishing such a program and the need for increased federal assistance in this area. Perhaps in anticipation of this situation, the interim final community care regulation published in the October 1, 1981 Federal Register was the only one of the regulations implementing the OBRA provisions which specifically referenced the availability to states of assistance from HCFA Central Office staff in the development of their programs and the preparation of their waiver requests. One state reported, however, that when it contacted the HCFA Central Office and requested assistance in preparing a waiver request, it was informed that no funds were available for Central Office personnel to travel to the state and provide state staff with that assistance.

States also appear to be experiencing similar difficulties in the areas of nursing home, hospital, and non-institutional reimbursement policy changes and in revising their

*For the sake of simplicity, the indications of technical assistance/information given by states in response to this assessment may be referred to in this report as "requests", although it should be noted that this term is used in only a very broad sense and that the states' responses do not necessarily represent a formal request for such assistance from the federal government, contractors, or any other party.

eligibility and/or coverage criteria for their medically needy only programs. Approximately 30% of the requests for assistance in these sought more information on federal policies. It should be clarified that these requests are not to be viewed as a retrenchment from the states' position of desiring substantial policy flexibility in the Medicaid program, but rather should be seen as attempts to gain a clearer understanding of the types of waiver requests and state plan amendments that are likely to be approved by HCFA. It is a difficult, often frustrating task for state Medicaid staff to put together a waiver request in a vacuum, not knowing if the approach they have taken falls within HCFA review guidelines. Certainly many states might also welcome HCFA's suggestions, not mandates, as to how to best approach these difficult issues. For example, a number of states, including **California, Michigan, Montana and South Carolina**, indicated an interest in receiving information on ways of defining "efficient and economically operated facilities" for the purpose of modifying their institutional reimbursement policies pursuant to Section 962 of P.L. 96-499 and Section 2173 of P.L. 97-35. Another area in which states appear to be having trouble developing their own approaches and/or understanding HCFA's technical views on the matter is the issue of restricting Medicaid recipients to cost-effective providers. This may account for this issue being ranked fourth in perceived cost savings potential and yet only seventh in terms of states' implementation priorities, with no state giving it as its top implementation priority and only **Michigan and New Jersey** ranking it as high as a number two.

With respect to institutional reimbursement, **Oregon, Rhode Island, and Tennessee** expressed an interest in receiving assistance in developing prospective reimbursement systems for both inpatient hospital and nursing home services, while **Connecticut, Minnesota, and Ohio** are interested in assistance in setting up such systems for hospital care. **Vermont**, on the other hand, has indicated a need for assistance in establishing a prospective reimbursement system for nursing homes.

A number of other states referenced a need for assistance with specific aspects or issues associated with institutional reimbursement. **Mississippi** indicated that information would be helpful which addressed the issue of how to provide protection in a state's reimbursement policies for hospital facilities which serve a disproportionate number of low-income patients. The area in which **New Jersey** expressed a need for assistance was in developing a profit factor for long-term care facilities. **Florida** identified controls on leases, depreciation, and management services as a difficult area in which assistance could be useful, while **Indiana** has found the issue of how to recognize real estate costs as the aspect of institutional reimbursement with which it is having the most problems. **Missouri** indicated that assistance in the evaluation of the impact of its recently implemented institutional reimbursement changes would be useful. The State of **Massachusetts** focused attention on the need to develop appropriate policies for the reimbursement of capital expenditures. That state is faced with \$600 million in project applications which, if approved, would cost the state an additional \$200 million over the useful life of the facilities.

Finally, **New York** stated that it would like HCFA technical assistance in the preparation of a resubmittal of its waiver request to allow Medicare to participate in the state's reimbursement methodology for inpatient hospital care. The goals of this proposal, action on a previous submission of which was deferred by HCFA, are to 1) introduce a cost containment system which is uniform across all major payors, 2) provide financial support to hospitals which serve the medically indigent, 3) achieve a more predictable and stable reimbursement structure to allow long-term planning by payors and providers, 4) streamline administrative and regulatory functions, 5) integrate more effectively the health care fiscal and planning processes, and 6) distribute health care dollars more equitably among providers.

As the result of the increase flexibility granted states by the OBRA provision making PSRO reviews non-mandatory, the survey results indicate that a number of states

are exploring the possibility of developing alternative non-PSRO utilization review methods. The number of requests for assistance in developing such alternative approaches was twice as great as the times states sought assistance in developing a new agreement with their PSROs and/or PSRO monitoring and evaluation plans. States rated the making of changes in this area as their fourth highest priority for implementation.

The data presented in Table 10 indicate that after the issue of developing a community-based LTC services program, the next areas receiving the next greatest numbers of technical assistance requests, as well as the next highest weighted priority scores, were those related to the development of improved third party liability procedures and to the development of primary care network case management systems. In the TPL area — which overall ranked third in perceived cost saving potential and eighth in terms of implementation priorities — states were interested in receiving assistance in developing improved data exchange systems, particularly with private insurance carriers. The preferred forms of assistance were systems documentation, reports and other publications, policy and/or systems evaluations. Seven requests were made for staff training in this area.

The development of primary care case management networks was an area for which fewer requests were received than for improved TPL procedures (63 vs. 73), although the average priority assigned to each request in this area was higher (an average weighted priority score for the networks of 13.3 vs. 11.9 for TPL). This issue was ranked sixth by the states in terms of priorities for implementation and cost saving potential, with four states (**Colorado, Michigan, New Jersey, and Utah**) listing it as their number one implementation priority. As December 31, 1981, however, Michigan was the only state to have submitted waiver requests to implement such a network, although five states noted in response to this assessment survey that they would like to receive assistance in the preparation of such waiver requests. Here again, many states are looking for basic information concerning the conceptual underpinnings of such systems and ideas on how to

best set up and administer these networks within their Medicaid programs. A total of twenty-two requests were made for various types of assistance in establishing these systems within state programs, while twenty-nine requests were directed toward receiving general information concerning the operation of such networks. Eight requests were made for reports or publications on this topic. This need may be met at least in part by the forthcoming publication of the proceedings of a recent a conference on primary care networks and their application to the Medicaid program. This conference was held on December 2, 1981 in New Orleans prior to the Mid-Year Medicaid Directors' Conference and was sponsored by the National Governors' Association's State Medicaid Program Information Center, a project which is supported by grant funds from HCFA's Office of Research, Demonstrations, and Statistics.

An examination of the information compiled on state technical assistance/information priorities by type of assistance sought rather than by program area provides a number of interesting observations. Nearly 45% of the 605 requests for technical assistance/information sought assistance of a type which can generally be described as on-site consultation. Within this overall classification, however, requests varied in terms of their focus, the requested duration, and the preferred source of this assistance. As evidenced by the data presented below, states expressed a much greater need for on-site consultation to assist them with policy development than for systems development

	<u>On-Site Consultation for Policy Development</u>	<u>On-Site Consultation for Systems Development</u>
Short-Term (< 2 Weeks)	151	43
Long-Term (> 2 Weeks)	<u>53</u>	<u>22</u>
	204	65

(although the states did register an additional 53 requests for policy and/or systems evaluation and another 15 for systems documentation, without specifying in either case whether this assistance should be on-site). A preference was also clearly expressed for short-term rather than long-term consultations. Consistent with findings discussed

earlier, requests for short-term on-site policy development consultation were heaviest in the areas of hospital reimbursement changes, community-based LTC services, restricting recipients to cost-effective providers, primary care networks, and competitive bidding. States' preferences for the source of short-term on-site consultation for both policy and systems development were split about equally across requests for assistance from HCFA Central Office, HCFA Regional Office, and staff from other states. Only 10 of the 151 requests of this type were for assistance from contractors, although contractors and other states were the preferred source of long-term on-site policy consultations and 18 of the 22 statements of need for long-term on-site systems development consultation indicated a preference for contractors to provide this assistance.

States expressed the greatest interest in publications and reports which addressed the following issues, presented in descending order of priority:

- community-based LTC services programs, with emphasis on the development of assessment/evaluation tools for screening and state case management capabilities
- primary care case management systems
- alternative non-PSRO utilization review methods
- alternative hospital reimbursement policies
- programs to allow localities to act as brokers of health plans for Medicaid recipients
- approaches to restricting recipients to cost-effective providers

Finally, states were most interested in having a conference sponsored on the development of approaches to restricting Medicaid recipients to cost-effective providers. Attention was also given to conferences on primary care networks and nursing home reimbursement policies.

D. States' Views on Current Technical Assistance/Information Activities

A number of states provided their views of current HCFA technical assistance activities. Many states made the general comment that, at least in the past, the conflicting natures of HCFA's oversight or auditing function and its responsibility to provide states with technical assistance has compromised the effectiveness of these latter duties. Several states hoped, however, and at least one had already observed evidence that this new idea of providing greater flexibility to the states would improve the often adversarial relationship which existed between the states and HCFA's central and regional office. Interestingly, there was some indication that this improvement in relations is occurring at the state-regional office level as the result of the decision to locate the responsibility for denial of waiver requests and state plan amendments at the central office level. The negative impact of this decision, however, is perceived to be at least some increase in the feeling that central office staff are negating or diluting the states' flexibility granted them by delaying action on or denying incoming waiver requests and plan amendments.

This issue of HCFA conflicting responsibilities aside, a number of states questioned the level of HCFA staff's technical knowledge of program policies and operations and therefore their ability to provide technical assistance. States indicated in their response to this survey that they sought information on HCFA's interpretation of its requirements more often than they did technical assistance. Again, the type of guidance states seek on federal policy is clarification of terms or provisions rather than proscriptive statements of what states can and cannot do.

Several states indicated that the most helpful assistance they could receive would come from the exchange of information on state policies and procedures, reflecting an often expressed sentiment that states could best learn from other states. The number of states which indicated that they had made use of the document prepared by the Medicaid/Medicare Management Institute listing state staff available for consultation

equalled the number of states which had not used it. Those states utilizing the document were in general satisfied with it, some making only telephone contact with the individuals listed rather than bringing them in for on-site consultation. The major criticisms associated with this approach were that the individuals listed sometimes lacked the broad policy or systems perspective needed to address problems in other states, while those individuals who did possess these capabilities were often unavoidable for consultation due to time constraints or lack of funds. One state recommended that HCFA make more money available to facilitate the provision of technical assistance by state experts.

APPENDIX A.

**SUMMARY OF INDIVIDUAL STATE MEDICAID AGENCIES' TOP FIVE
TECHNICAL ASSISTANCE PRIORITIES
RESULTING FROM PASSAGE OF P.L. 92-35,
THE OMNIBUS BUDGET RECONCILIATION ACT OF 1981**

**TECHNICAL ASSISTANCE/
INFORMATION PRIORITY AREAS**

None requested, although the state indicated that the state does receive technical assistance from the HCFA Regional Office in Atlanta any time it is needed.

1. Revision of inpatient hospital reimbursement policies.
2. Revision of LTC facility reimbursement policies.
3. Development of evaluation/assessment tool for LTC screening.
4. Development of LTC case management capability.
5. Development of guidelines (i.e., quality assurance, reimbursement) for new types of community-based LTC services.

TYPE OF ASSISTANCE NEEDED

Alabama

Alaska

1. The state would like to receive short-term on-site consultation from contractors concerning policy development.
2. The state would like to receive short-term on-site consultation from contractors concerning policy development.
3. The state would like to receive long-term on-site consultation from contractors concerning policy development.
4. The state would like to receive long-term on-site consultation from contractors concerning policy development.
5. The state would like to receive long-term on-site consultation from contractors concerning policy development.

**TECHNICAL ASSISTANCE/
INFORMATION PRIORITY AREAS**

1. Development of guidelines (i.e., quality assurance, reimbursement) for new types of community-based LTC services.
2. Revision of inpatient hospital reimbursement policies.
3. Revision of physician and/or other non-institutional provider or service reimbursement policies.
4. Development of criteria for determining what groups to cover under the state's medically needy only program.
5. Identification of cost-effective combinations of services targeted to needs of medically needy groups.

Arkansas

1. The state would like to receive assistance in the preparation of a demonstration design/waiver request.
2. The state would like to receive reports and other publications on the topic.
3. The state would like to receive reports and other publications on the topic.
4. The state would like to receive more information on federal policies in this area.
5. The state would like to receive more information on federal policies in this area.

California

1. Revision of inpatient hospital reimbursement policies.
2. Revision of LTC facility reimbursement policies.
3. Development of a community-based LTC services program.
4. Development of primary care case management systems.
5. Establishment of competitive bids for lab, x-ray, and/or medical devices.

1. The state would like to receive more information concerning how best to define "efficiently and economically operated facilities."
2. The state would like to receive more information concerning how best to define "efficiently and economically operated facilities."
3. The state would like further clarification of the waiver criteria which applies in this area.
4. The state would like to receive from HCFA or other states information about policies and procedures in this area; i.e., how to successfully set up and administer this type of program.
5. The state would like to receive from HCFA or other states information about policies and procedures in this area; i.e., how to successfully set up and administer this type of program.

**TECHNICAL ASSISTANCE/
INFORMATION PRIORITY AREAS**

1. Development of primary care case management systems.
2. Development of primary care case management systems.
3. Development of primary care case management systems.
4. Development or expansion of recipient "lock-in" programs.
5. Development or expansion of recipient "lock-in" programs.

Colorado

TYPE OF ASSISTANCE NEEDED

1. The state would like to receive more information on federal policies in this area.
2. The state would like to receive assistance from other states in establishing such a program in Colorado.
3. The state would like to receive assistance from other states in working with Colorado providers to develop their interest and participation in such a system.
4. The state would like to receive more information on federal policies in this area.
5. The state would like to receive assistance in the preparation of a demonstration design/waiver request.

Connecticut

1. Establishment of competitive bid process for lab, x-ray, and/or medical devices.
2. Development of fiscal management capability for tracking community-based LTC services program.
3. Development of TPL recovery/cost avoidance procedures, including data exchange procedures.
4. Development of evaluation/assessment tool for LTC screening.
5. Development of alternative non-PSRO utilization review methods.

1. The state would like to receive short-term on-site legal assistance from HCFA Regional Office staff concerning policy development.
2. The state would like to receive long-term on-site consultations from contractors concerning policy development.
3. The state would like to receive reports and other publications on this topic.
4. The state would like to receive reports and other publications on this topic.
5. The state would like to receive long-term on-site consultations from contractors concerning policy development.

**TECHNICAL ASSISTANCE/
INFORMATION PRIORITY AREAS**

TYPE OF ASSISTANCE NEEDED

District of Columbia

1. Revision of inpatient hospital reimbursement policies.

1. The District of Columbia would like to receive information about the reimbursement systems other states have developed as well as evaluations of their effectiveness.

Florida

1. Development of criteria for determining what groups to cover under the state's medically needy only program.
2. Identification of cost-effective combinations of services targetted to the needs of different medically needy groups.
3. Development of guidelines (i.e., quality assurance, reimbursement) for new types of community-based LTC services.
4. Development of new agreement with PSRO and/or monitoring and evaluation plan.
5. Development of alternative non-PSRO utilization review methods.

1. The state would like to receive more information on federal policies in this area.
2. The state would like to receive long-term consultation concerning policy development from HCFA Regional Office staff.
3. The state would like to receive short-term on-site consultation concerning policy development from HCFA.
4. The state would like to receive short-term on-site consultation concerning systems development from HCFA Regional Office staff.
5. The state would like to receive more information on federal policies in this area.

Illinois

1. Development of primary care case management systems.
2. Development of approaches to restrict recipients to cost-effective providers.
3. Development of guidelines (i.e., quality assurance, reimbursement) for new types of community-based LTC services.
4. Development of new agreement with PSRO and/or monitoring and evaluation plan.
5. Development of LTC case management capability.

1. The state would like to receive assistance in the preparation of a demonstration design/waiver request in this area.
2. The state would like to receive staff training in this area.
3. The state would like to receive short-term on-site consultation from HCFA Central Office staff concerning policy development.
4. The state would like to receive short-term on-site consultation from other states concerning policy development.
5. The state would like to receive reports and other publications on this topic.

**TECHNICAL ASSISTANCE/
INFORMATION PRIORITY AREAS**

1. Revision of LTC facility reimbursement policies.
2. Revision of LTC facility reimbursement policies.
3. Revision of inpatient hospital reimbursement policies.
4. Revision of inpatient hospital reimbursement policies.
5. Development of evaluation/assessment tool for LTC screening.

1. Revision of inpatient hospital reimbursement policies.
2. Development of primary care case management systems.
3. Development of approaches to sharing cost savings with recipients.
4. Development of improved third-party liability procedures.
5. Development of approaches to restricting recipients to cost-effective providers.

Indiana

1. The state would like to receive long-term on-site consultation concerning policy development from contractors.
2. The state would like to receive assistance in the form of policy and/or systems evaluations.
3. The state would like to receive long-term on-site consultation concerning policy development from contractors.
4. The state would like to receive assistance in the form of policy and/or systems evaluations.
5. The state would like to receive long-term on-site consultation concerning policy development from other states.

Iowa

1. The state would like to receive long-term on-site consultation from contractors concerning systems development.
2. The state would like to receive long-term on-site consultation from contractors concerning systems development.
3. The state would like to receive short-term on-site consultation from contractors concerning systems development.
4. The state would like to receive long-term on-site consultation from contractors concerning systems development.
5. The state would like to receive short-term on-site consultation from contractors concerning systems development.

**TECHNICAL ASSISTANCE/
INFORMATION PRIORITY AREAS**

1. Revision of physician and other non-institutional provider and/or service reimbursement policies.
2. Establishment of competitive bids for lab, x-ray and/or medical devices.
3. Development of criteria for determining what groups to cover under the state's medically needy only program.
4. Development of approaches to restricting recipients to cost-effective providers.
5. Revision of inpatient hospital reimbursement policies.

Kansas

1. The state would like to receive assistance in the form of policy and/or systems evaluations.
2. The state would like to receive short-term on-site consultation from HCFA Regional Office staff concerning policy development.
3. The state would like to receive assistance in the form of policy and/or systems evaluations.
4. The state would like to see a conference held on this topic.
5. The state would like to receive long-term on-site consultation from HCFA Regional Office staff concerning policy development.

Kentucky

1. Revision of physician and/or other non-institutional providers or service reimbursement policies.
2. Development of improved third-party liability procedures.
3. Development of improved fraud and abuse detection procedures.
4. Development of provider "lock-out" programs.
5. Development of an evaluation/assessment tool for LTC services.

1. The state would like to receive assistance in the form of policy and/or systems evaluations in this area.
2. The state would like to receive staff training in this area, particularly in setting up procedures for recovering funds from absent parents.
3. The state would like to receive assistance in the form of systems documentation in this area.
4. The state would like to receive assistance in the form of systems documentation in this area.
5. The state would like to receive assistance in the form of policy and/or systems evaluations.

Maine

The state did not indicate its technical assistance priorities.

TYPE OF ASSISTANCE NEEDED

**TECHNICAL ASSISTANCE/
INFORMATION PRIORITY AREAS**

Maryland

1. Development of guidelines (i.e., quality assurance, reimbursement) for new community-based LTC services.
2. Development of LTC case management capability.
3. Development of fiscal management capability for tracking community-based LTC services.
4. Development of an evaluation/assessment tool for LTC screening.
5. Development of primary care case management systems.

Massachusetts

1. Development of approaches to restricting recipients to cost-effective providers.
2. Development of primary care case management systems.
3. Development of primary care case management systems.
4. Development of primary care case management systems.
5. Development or expansion of recipient "lock-in" programs.

TYPE OF ASSISTANCE NEEDED

1. The state would like to receive more information on federal policies in this area, including further clarification of waiver criteria.
2. The state would like to receive more information on federal policies in this area.
3. The state would like to receive more information on federal policies in this area.
4. The state would like to receive assistance in the form of policy and/or systems evaluations in this area.
5. The state would like to receive more information on federal policies in this area.
5. The state would like to receive long-term on-site consultation from other states concerning policy development.
2. The state would like to receive long-term on-site consultation from contractors to design policies to develop provider interest and participation in such a system.
3. The state would like to receive short-term on-site consultation from other states' staff to develop the necessary systems to establish a primary care network.
4. The state would like to see a conference sponsored on this topic.
5. The state would like to receive clarification of the waiver criteria which apply in this area.

**TECHNICAL ASSISTANCE/
INFORMATION PRIORITY AREAS**

Michigan

1. Revision of inpatient hospital reimbursement policies.
2. Development of approaches to sharing cost savings with recipients through the provision of additional services.
3. Development of provider "lock-out" program.
4. Development of improved fraud and abuse detection procedures.
5. Development of primary care/case management and physician specialty referral systems.

Minnesota

1. Revision of inpatient hospital reimbursement policies.
2. Revision of LTC facility reimbursement policies.
3. Development of an evaluation/assessment tool for LTC screening.
4. Development of guidelines (i.e., quality assurance, reimbursement) for new community-based LTC services.
5. Revision of LTC facility reimbursement policies.

TYPE OF ASSISTANCE NEEDED

1. The state would like to receive short-term consultation concerning policy development from HCFA Central Office staff.
 2. The state would like to receive short-term consultation concerning policy development from other states.
 3. The state would like to receive short-term consultation concerning policy development from HCFA Central Office staff.
 4. The state would like to receive short-term consultation concerning policy development from other states.
 5. The state would like to receive information concerning the operation of these systems in other states.
-
1. The state would like to receive short-term on-site consultation from HCFA Central Office staff concerning policy development.
 2. The state would like to receive short-term on-site consultation from HCFA Central Office staff concerning systems development.
 3. The state would like to receive short-term on-site consultation from other states concerning policy development.
 4. The state would like to receive short-term on-site consultation from HCFA Central Office staff concerning policy development.
 5. The state would like to receive short-term on-site consultation from HCFA Central Office staff concerning systems development.

**TECHNICAL ASSISTANCE/
INFORMATION PRIORITY AREAS**

1. Development of evaluation/assessment tool for LTC screening.
2. Revision of inpatient hospital reimbursement policies.
3. Revision of LTC facility reimbursement policies.
4. Establishment of a competitive bid process for lab, x-ray, and/or medical devices.
5. Revision of physician and/or other non-institutional providers or service reimbursement policies.

Mississippi

1. The state would like to receive assistance in the preparation of a demonstration design/waiver request.
2. The state would like to receive more information on federal policies in this area.
3. The state would like to receive more information on federal policies in this area.
4. The state would like to receive assistance in the form of policy and/or systems evaluations.
5. The state would like to receive more information on federal policies in this area.

Missouri

1. Development of approaches to restrict Medicaid recipients to cost-effective and efficient providers.
2. Development of approaches to restrict Medicaid recipients to cost-effective and efficient providers.
3. Development of approaches to restrict Medicaid recipients to cost-effective and efficient providers.
4. Development of approaches to restrict Medicaid recipients to cost-effective and efficient providers.
5. Development of primary care/case management and physician specialty referral systems.

1. The state would like to receive assistance in the form of policy or systems evaluations.
2. The state would like to receive clarification of the waiver criteria in this area.
3. The state would like to receive short-term on-site consultation concerning policy development from other states.
4. The state would like to receive short-term on-site consultation concerning systems development from other states.
5. The state would like to receive assistance in the form of policy or systems evaluations.

Montana

1. Revision of LTC facility reimbursement policies.

1. The state would like to receive more information concerning how best to define "efficiently and economically operated facilities."

**TECHNICAL ASSISTANCE/
INFORMATION PRIORITY AREAS**

1. Revision of LTC facility reimbursement policies.
2. Revision of inpatient hospital reimbursement policies.
3. Revision of physician and/or other non-institutional provider or service reimbursement policies.
4. Identification of cost-effective combinations of services targeted to needs of medically needy groups.
5. Development of criteria for determining what groups to cover under the state's medically needy only program.

Nebraska

1. The state would like to receive short-term on-site consultation from HCFA Regional Office staff concerning policy development.
2. The state would like to receive more information on federal policies in this area.
3. The state would like to receive more information on federal policies in this area.
4. The state would like to receive short-term on-site consultation from HCFA Regional Office staff concerning policy development.
5. The state would like to receive more information on federal policies in this area.

Nevada

1. Revision of inpatient hospital reimbursement policies.
2. Revision of inpatient hospital reimbursement policies.
3. Revision of inpatient hospital reimbursement policies.
4. Development of alternative non-PSRO utilization review methods.
5. Development of alternative non-PSRO utilization review methods.

1. The state would like to receive clarification of waiver criteria concerning this issue.
2. The state would like to receive assistance in the preparation of a demonstration design/waiver request.
3. The state would like to receive short-term on-site consultation from HCFA Central Office staff concerning policy development.
4. The state would like to receive clarification of waiver criteria concerning this issue.
5. The state would like to receive short-term on-site consultation from other states concerning policy development.

**TECHNICAL ASSISTANCE/
INFORMATION PRIORITY AREAS**

TYPE OF ASSISTANCE NEEDED

New Hampshire

1. Development of alternative non-PSRO utilization review methods.

1. The state would like to receive a clarification of federal policy in this area.

New Jersey

1. Development of primary care/case management and physician specialty referral systems.
2. Development of primary care/case management and physician specialty referral systems.
3. Development of primary care/case management and physician specialty referral systems.
4. Development of approaches to restrict Medicaid recipients to cost-effective and efficient providers.
5. Development of approaches to restrict Medicaid recipients to cost-effective and efficient providers.

1. The state would like to receive long-term on-site consultation from contractors concerning systems development.
2. The state would like to receive long-term on-site assistance from contractors concerning policy development in order to develop provider interest and participation in such systems.
3. The state would like to receive documentation of the systems needed to implement such systems.
4. The state would like to receive both short- and long-term on-site consultation concerning policy development from other states.
5. The state would like to receive long-term on-site consultation from contractors concerning systems development.

New Mexico

Not Prioritized:

- Revision of LTC facility reimbursement policies.
- Revision of inpatient hospital reimbursement policies.
- Revision of physician and/or other non-institutional provider or service reimbursement policies.
- Development of improved TPL recovery/cost avoidance procedures, including data exchange procedures.

- The state would like to receive more information on federal policies in this area.
- The state would like to receive more information on federal policies in this area.
- The state would like to receive more information on federal policies in this area.
- The state would like to receive more information on federal policies in this area.

**TECHNICAL ASSISTANCE/
INFORMATION PRIORITY AREAS**

New York

1. Development of fiscal management capability for tracking the community-based LTC services program.
2. Development of evaluation/assessment tool for LTC screening.
3. Revision of inpatient hospital reimbursement policies.
4. Revision of LTC facility reimbursement policies.
5. Development of criteria for determining what groups to cover under the state's medically needy only program.

North Carolina

1. Revision of inpatient hospital reimbursement policies.
2. Development of criteria for determining what groups to cover under the state's medically needy only program.
3. Revision of inpatient hospital reimbursement policies.
4. Development of evaluation/assessment tool for LTC screening.
5. Development of LTC case management capability.

TYPE OF ASSISTANCE NEEDED

1. The state would like to see a conference sponsored on this topic.
 2. The state would like to receive reports and other publications on this issue.
 3. The state would like to receive assistance in the preparation of a demonstration design/waiver request.
 4. The state would like to receive more information on federal policies in this area.
 5. The state would like to receive short-term on-site consultation from HCFA Central Office staff concerning policy development.
-
1. The state would like to receive more information on federal policies in this area.
 2. The state would like to receive more information on federal policies in this area.
 3. The state would like to receive long-term on-site consultation from contractors concerning systems development.
 4. The state would like to receive long-term on-site consultation from other states concerning policy development.
 5. The state would like to receive long-term on-site consultation from other states concerning policy development.

**TECHNICAL ASSISTANCE/
INFORMATION PRIORITY AREAS**

1. Revision of inpatient hospital reimbursement policies.
2. Revision of inpatient hospital reimbursement policies.
3. Revision of inpatient hospital reimbursement policies.
4. Revision of inpatient hospital reimbursement policies.
5. Development of fiscal management capability to track community-based LTC services program.

Ohio

1. The state would like to receive more information on federal policies in this area.
2. The state would like to receive short-term on-site consultation from HCFA Central Office staff concerning policy development.
3. The state would like to receive short-term on-site consultation from other states.
4. The state would like to receive short-term on-site consultation from contractors.
5. The state would like to receive assistance in the preparation of a demonstration design/waiver request.

Oregon

1. Development of approaches to restricting recipients to cost-effective providers.
2. Development of approaches to restricting recipients to cost-effective providers.
3. Development of primary care case management systems.
4. Development of primary care case management systems.
5. Revision of inpatient hospital reimbursement policies.

1. The state would like to receive information on concepts and experiences relevant to this area from any possible source, including reports and other publications and conferences.
2. The state would like to receive assistance in the form of policy and/or systems evaluations.
3. The state would like to receive reports and other publications on the topic.
4. The state would like to receive assistance in the form of policy and/or systems evaluations.
5. The state would like to receive information on concepts and experiences relevant to this area from any possible source, including reports and other publications and conferences.

**TECHNICAL ASSISTANCE/
INFORMATION PRIORITY AREAS**

Pennsylvania

1. Revision of LTC facility reimbursement and admissions policies, including limitations on the supply of beds.
2. Revision of LTC facility reimbursement and admissions policies, including limitations on the supply of beds.
3. Development of improved fraud and abuse detection procedures.
4. Development of alternative non-PRSO utilization review methods.
5. Development of alternative non-PSRO utilization review methods.

Rhode Island

1. Development of community-based LTC services, including the design of an evaluation/assessment tool for LTC screening.
2. Development of community-based LTC services, including the design of an evaluation/assessment tool for LTC screening.
3. Development of community-based LTC services, including the design of an evaluation/assessment tool for LTC screening.
4. Development of community-based LTC services, including the design of an evaluation/assessment tool for LTC screening.
5. Development of guidelines and standards (i.e., quality assurance, reimbursement) for new types of community-based services.

TYPE OF ASSISTANCE NEEDED

1. The state would like to receive assistance in the form of policy and/or systems evaluations.
2. The state would like to receive short-term on-site consultation from other states concerning policy development.
3. The state would like to receive short-term on-site consultation from other states concerning policy development.
4. The state would like to receive reports and other publications on this issue.
5. The state would like to receive staff training on this issue.
1. The state would like to receive short-term on-site consultation from HCFA Central Office staff concerning policy development.
2. The state would like to receive both long- and short-term on-site consultation from HCFA Regional Office staff concerning policy development.
3. The state would like to receive clarification of the waiver criteria.
4. The state would like to receive assistance in the form of policy and/or systems evaluations.
5. The state would like to receive short-term on-site consultation from HCFA Regional Office staff concerning policy development.

**TECHNICAL ASSISTANCE/
INFORMATION PRIORITY AREAS**

TYPE OF ASSISTANCE NEEDED

South Carolina

1. Revision of LTC facility reimbursement policies.
2. Revision of inpatient hospital reimbursement policies.
3. Establishment of competitive bid process for lab, x-ray, and/or medical devices.
4. Development of community-based LTC services, including design of an evaluation/assessment tool for LTC screening.
5. Development of alternative non-PSRO utilization review methods.

1. The state would like to receive more information on federal policies in this area.
2. The state would like to receive more information on federal policies in this area.
3. The state would like to receive more information on federal policies in this area.
4. The state would like to receive clarification of the waiver criteria in this area.
5. The state would like to receive clarification of the waiver criteria in this area.

South Dakota

The state will determine its technical assistance needs once it has finalized its implementation plans.

Tennessee

1. Development of guidelines and standards (i.e., quality assurance, reimbursement) for new types of community-based LTC services.
2. Development of LTC case management capability.
3. Revision of LTC facility reimbursement policies.
4. Revision of inpatient hospital reimbursement policies.
5. Development of approaches to restricting Medicaid recipients to cost-effective and efficient providers.

1. The state would like to receive short-term on-site consultation from HCFA Central Office staff concerning policy development.
2. The state would like to receive short-term on-site consultation from HCFA Central Office staff concerning policy development.
3. The state would like to receive short-term on-site consultation from HCFA Central Office staff concerning policy development.
4. The state would like to receive short-term on-site consultation from HCFA Central Office staff concerning policy development.
5. The state would like to receive short-term on-site consultation from HCFA Central Office staff concerning policy development.

**TECHNICAL ASSISTANCE/
INFORMATION PRIORITY AREAS**

1. Development of approaches to restricting Medicaid recipients to cost-effective and efficient providers.
2. Development of LTC case management capability.
3. Development of LTC case management capability.
4. Development of LTC case management capability.
5. Development of provider "lock-out" program

1. Development of primary care case management systems.
2. Development of a program to all localities to act as a broker of health plans for Medicaid recipients.
3. Development of primary care case management systems.
4. Development of approaches to restricting recipients to cost-effective providers.
5. Development of approaches to restricting recipients to cost-effective providers.

Texas

TYPE OF ASSISTANCE NEEDED

1. The state would like to receive short-term on-site consultation from other states concerning policy development.
2. The state would like to receive reports and other publications on this topic.
3. The state would like to receive short-term on-site consultation from other states concerning systems development.
4. The state would like to receive short-term on-site consultation from HCFA Central Office staff concerning systems development.
5. The state would like to receive more information on federal policies in this area.

Utah

1. The state would like to receive assistance in training staff to develop provider interest and participation in such a system.
2. The state would like to receive long-term on-site consultation from other states concerning policy development.
3. The state would like to receive assistance in the form of evaluations of policies and systems designed to develop provider interest and participation in such a system.
4. The state would like to receive more information on federal policies in this area.
5. The state would like to receive short-term on-site consultation from HCFA Regional Office staff concerning policy development.

**TECHNICAL ASSISTANCE/
INFORMATION PRIORITY AREAS**

1. Revision of LTC facility reimbursement policies.
2. Revision of LTC facility reimbursement policies.
3. Revision of LTC facility reimbursement policies.
4. Revision of LTC facility reimbursement policies.
5. Revision of inpatient hospital reimbursement policies.

Vermont

1. The state would like to receive assistance in LTC contract development.
2. The state would like to receive long-term on-site consultation from contractors concerning systems development.
3. The state would like to receive short-term on-site consultation from contractors concerning policy development.
4. The state would like to receive assistance in staff training.
5. The state would like to receive short-term on-site consultation from other states concerning policy development.

Virginia

1. Development of community-based LTC services.
 2. Development of alternative utilization review methods.
 3. Revision of LTC facility and hospital reimbursement policies.
 4. Development of criteria for medically needy eligibility and coverage.
 5. Establishment of competitive bids for labs, x-ray, and/or medical devices.
 6. Improved third-party liability procedures.
1. The state would like clarification of the waiver criteria dealing with the evaluation/assessment tool, and the state's fiscal tracking and case management capabilities. The state would also like assistance in preparing its demonstration design/waiver request particularly in the area of developing guidelines (i.e., quality assurance, reimbursement) for new community-based LTC services.
 2. The state would like to receive more information on federal policies in this area.
 3. The state would like to receive more information on federal policies in this area.
 4. The state would like to receive more information on federal policies in this area.
 5. The state would like to receive more information on federal policies in this area.
 6. The state would like to receive more information on federal policies in this area.

**TECHNICAL ASSISTANCE/
INFORMATION PRIORITY AREAS**

1. Revision of inpatient hospital reimbursement policies.
2. Establishment of competitive bid process for lab, x-ray, and/or medical devices.
3. Development of primary care/case management and physician specialty referral systems.
4. Development of improved TPL recovery/cost avoidance procedures.
5. Development of improved TPL data exchange systems with private insurance carriers.

No technical assistance priorities given.

TYPE OF ASSISTANCE NEEDED

Washington

1. The state would like to receive short-term on-site consultation from HCFA Regional Office staff concerning policy development.
2. The state would like to receive short-term on-site consultation from HCFA Regional Office staff concerning policy development.
3. The state would like to receive short-term on-site consultation from HCFA Regional Office staff concerning general information on the operation of such systems, and assistance in establishing such systems within the state and developing provider interest and participation in them.
4. The state would like to receive short-term on-site consultation from HCFA Central Office staff concerning policy development.
5. The state would like to receive short-term on-site consultation from HCFA Regional Office staff concerning policy development.

Wyoming

APPENDIX B.

**CHARTS PRESENTING EACH STATE'S
TECHNICAL ASSISTANCE/INFORMATION PRIORITIES**

PROGRAM AREAS	More Info on Federal Policies Clarification of Waiver Criteria Preparation of Demonstration Design/Waiver Request	Staff Training	On-Site Consultation Re Policy Development				On-Site Consultation Re Systems Development				Policy/Systems Evaluation Systems Documentation Conferences	Publications, Reports Other (See notes)
			< 2 Weeks		> 2 Weeks		< 2 Weeks		> 2 Weeks			
			Source		Source		Source		Source			
			HCFA Central	HCFA Regional	Other States	Contractors	HCFA Central	HCFA Regional	Other States	Contractors		
Revision of inpatient hospital reimbursement policies					1						//	
Development of Community-Based LTC Services									3			
• Development of evaluation/assessment tool	12											
• Development of LTC case management capability	13								4			
• Development of fiscal management capability	14								5			
• Development of guidelines and standards (i.e., quality assurance reimbursement) new types of community-based services (e.g. adult day care, personal care, chore services, etc.)	15								6			
Revision of LTC facility reimbursement policies					2						10	
PSRO Review Made Non-Mandatory												
• Development of new agreement with PSRO and/or monitoring and evaluation plan												
• Development of alternative non-PSRO utilization review methods									7			
Revision of physician and/or other non-institutional providers or service reimbursement policies, given the removal of Medicare reasonable charge limits												
Development of primary care/case management and physician specialty referral systems												
• Provision of general information re the operation of such systems												
• Provision of assistance in establishing such systems within my state												
• Provision of assistance in working with providers to develop their interest and participation in such systems												
Development of Approaches to Restrict Medicaid Recipients to Cost-effective and Efficient Providers												
Third-Party Liability									8			
• Development or improvement of TPL recovery/cost avoidance procedures												
• Development or improvement of specific data exchange, TPL recovery/cost avoidance procedures with: private insurance carriers Other government programs absent parents									9			
Establishment of Competitive Bid Process for Lab, X-Ray, Medical Devices								20				
Development of Improved Fraud and Abuse Detection Procedures					17/16						18	
Development of Provider "Lock-out" Program												
Development or Expansion of Recipient "Lock-in" Program												
Medically Needy Eligibility & Coverage												
• Development of criteria for determining what groups to cover under the medically needy program												
• Identification of cost-effective combinations of services targeted to needs of medically needy groups												
Development of program to allow localities to act as broker in assisting Medicaid recipients to choose among various health plans												
• Provision of background information re the current operations of such programs (e.g. Project Health in Multnomah County, Oregon)												
• Provision of assistance in establishing such a program within my state												
• Provision of assistance in developing the requisite participation of local health plans												
Development of Approaches to Sharing Cost Savings with Recipients through the Provision of Additional Services												

PROGRAM AREAS	More Info on Federal Policies	Clarification of Waiver Criteria	Preparation of Demonstration Design/Waiver Request	Staff Training	On-Site Consultation Re Policy Development					On-Site Consultation Re Systems Development					Policy/Systems Evaluation	Systems Documentation	Conferences	Publications, Reports Other (see notes)
					< 2 Weeks		> 2 Weeks			< 2 Weeks		> 2 Weeks						
					Source		Source			Source		Source						
					HCFA Central	HCFA Regional	Other States	Contractors	HCFA Central	HCFA Regional	Other States	Contractors	HCFA Central	HCFA Regional				
Revision of inpatient hospital reimbursement policies																	2	
Development of Community-Based LTC Services					8													
• Development of evaluation/assessment tool						19												
• Development of LTC case management capability				1														
• Development of fiscal management capability																		
• Development of guidelines and standards (i.e., quality assurance reimbursement) new types of community-based services (e.g. adult day care, personal care, chore services, etc.)																	8	
Revision of LTC facility reimbursement policies																		
PSRO Review Made Non-Mandatory																7		
• Development of new agreement with PSRO and/or monitoring and evaluation plan																		
• Development of alternative non-PSRO utilization review methods																		
Revision of physician and/or other non-institutional providers or service reimbursement policies, given the removal of Medicare reasonable charge limits																	3	
Development of primary care/case management and physician specialty referral systems																	6	
• Provision of general information re the operation of such systems																		
• Provision of assistance in establishing such systems within my state																		
• Provision of assistance in working with providers to develop their interest and participation in such systems					17													
Development of Approaches to Restrict Medicaid Recipients to Cost-effective and Efficient Providers				6														
Third-Party Liability																		
• Development or improvement of TPL recovery/cost avoidance procedures							11											
• Development or improvement of specific data exchange, TPL recovery/cost avoidance procedures with:							12											
private insurance carriers																		
Other government programs							13											
absent parents																		
Establishment of Competitive Bid Process for Lab, X-Ray, Medical Devices				9														
Development of Improved Fraud and Abuse Detection Procedures																		
Development of Provider "Lock-out" Program						15												
Development or Expansion of Recipient "Lock-in" Program							10											
Medically Needy Eligibility & Coverage																		
• Development of criteria for determining what groups to cover under the medically needy program				4														
• Identification of cost-effective combinations of services targeted to needs of medically needy groups				5														
Development of program to allow localities to act as broker in assisting Medicaid recipients to choose among various health plans																	20	
• Provision of background information re the current operations of such programs (e.g. Project Health in Multnomah County, Oregon)																		
• Provision of assistance in establishing such a program within my state																		
• Provision of assistance in developing the requisite participation of local health plans																		
Development of Approaches to Sharing Cost Savings with Recipients through the Provision of Additional Services				14														

PROGRAM AREAS	More Info on Federal Policies	Clarification of Waiver Criteria	Preparation of Demonstration Design/Waiver Request	Staff Training	On-Site Consultation Re Policy Development		On-Site Consultation Re Systems Development		Policy/Systems Evaluation	Systems Documentation	Conferences	Publications, Reports	Other (See notes)					
					≤ 2 Weeks		≥ 2 Weeks											
					Source	Source	Source	Source										
Revision of inpatient hospital reimbursement policies	2																	
Development of Community-Based LTC Services													3					
• Development of evaluation/assessment tool																		
• Development of LTC case management capability																		
• Development of fiscal management capability																		
• Development of guidelines and standards (i.e., quality assurance reimbursement) new types of community-based services (e.g. adult day care, personal care, chore services, etc.)																		
Revision of LTC facility reimbursement policies	2																	
PSRO Review Made Non-Mandatory																		
• Development of new agreement with PSRO and/or monitoring and evaluation plan																		
• Development of alternative non-PSRO utilization review methods																		
Revision of physician and/or other non-institutional providers or service reimbursement policies, given the removal of Medicare reasonable charge limits																		
Development of primary care/case management and physician specialty referral systems													4					
• Provision of general information re the operation of such systems																		
• Provision of assistance in establishing such systems within my state																		
• Provision of assistance in working with providers to develop their interest and participation in such systems																		
Development of Approaches to Restrict Medicaid Recipients to Cost-effective and Efficient Providers																		
Third-Party Liability																		
• Development or improvement of TPL recovery/cost avoidance procedures																		
• Development or improvement of specific data exchange, TPL recovery/cost avoidance procedures with:																		
private insurance carriers																		
other government programs																		
absent parents																		
Establishment of Competitive Bid Process for Lab, X-Ray, Medical Devices													5					
Development of Improved Fraud and Abuse Detection Procedures																		
Development of Provider "Lock-out" Program																		
Development or Expansion of Recipient "Lock-in" Program																		
Medically Needy Eligibility & Coverage																		
• Development of criteria for determining what groups to cover under the medically needy program																		
• Identification of cost-effective combinations of services targeted to needs of medically needy groups																		
Development of program to allow localities to act as broker in assisting Medicaid recipients to choose among various health plans																		
• Provision of background information re the current operations of such programs (e.g. Project Health in Multnomah County, Oregon)																		
• Provision of assistance in establishing such a program within my state																		
• Provision of assistance in developing the requisite participation of local health plans																		
Development of Approaches to Sharing Cost Savings with Recipients through the Provision of Additional Services																		

* Information from any source on how to best set up and administer these programs or procedures

PROGRAM AREAS	More Info on Federal Policies	Clarification of Waiver Criteria	Preparation of Demonstration Design/Waiver Request	Staff Training	On-Site Consultation Re Policy Development				On-Site Consultation Re Systems Development				Policy/Systems Evaluation	System Documentation	Conferences	Publications, Reports	Other (See notes)
					< 2 Weeks		> 2 Weeks		< 2 Weeks		> 2 Weeks						
					Source		Source		Source		Source						
					HCFA Central	HCFA Regional	Other States	Contractors	HCFA Central	HCFA Regional	Other States	Contractors					
Revision of inpatient hospital reimbursement policies																	
Development of Community-Based LTC Services																	
• Development of evaluation/assessment tool																	
• Development of LTC case management capability																	
• Development of fiscal management capability							19								16		
• Development of guidelines and standards (i.e., quality assurance reimbursement) new types of community-based services (e.g. adult day care, personal care, chore services, etc.)	20																
Revision of LTC facility reimbursement policies									17								
PSRO Review Made Non-Mandatory																	
• Development of new agreement with PSRO and/or monitoring and evaluation plan																	
• Development of alternative non-PSRO utilization review methods																	
Revision of physician and/or other non-institutional providers or service reimbursement policies, given the removal of Medicare reasonable charge limits																	
Development of primary care/case management and physician specialty referral systems	1																
• Provision of general information re the operation of such systems																	
• Provision of assistance in establishing such systems within my state									2								
• Provision of assistance in working with providers to develop their interest and participation in such systems									3								
Development of Approaches to Restrict Medicaid Recipients to Cost-effective and Efficient Providers	14/15																
Third-Party Liability																	7*
• Development or improvement of TPL recovery/cost avoidance procedures																	
• Development or improvement of specific data exchange, TPL recovery/cost avoidance procedures with:																	8*
private insurance carriers																	
Other government programs																	8*
absent parents																	
Establishment of Competitive Bid Process for Lab, X-Ray, Medical Devices							12										
Development of Improved Fraud and Abuse Detection Procedures																	13*
Development of Provider "Lock-out" Program	6								11								
Development or Expansion of Recipient "Lock-in" Program	4	5															
Medically Needy Eligibility & Coverage																	
• Development of criteria for determining what groups to cover under the medically needy program	16																
• Identification of cost-effective combinations of services targetted to needs of medically needy groups																	
Development of program to allow localities to act as broker in assisting Medicaid recipients to choose among various health plans																	
• Provision of background information re the current operations of such programs (e.g. Project Health in Multnomah County, Oregon)				9						10							
• Provision of assistance in establishing such a program within my state																	
• Provision of assistance in developing the requisite participation of local health plans																	
Development of Approaches to Sharing Cost Savings with Recipients through the Provision of Additional Services																	

* State and contractor policy and system assistance

PROGRAM AREAS	More Info on Federal Policies	Clarification of Waiver Criteria	Preparation of Demonstration Design/Waiver Request	Staff Training	On-Site Consultation Re Policy Development				On-Site Consultation Re Systems Development				Policy/Systems Evaluation	Systems Documentation	Conferences	Publications, Reports Other (See notes)
					< 2 Weeks		> 2 Weeks		< 2 Weeks		> 2 Weeks					
					Source	Source	Source	Source	Source	Source						
Revision of inpatient hospital reimbursement policies																
Development of Community-Based LTC Services																7
• Development of evaluation/assessment tool																
• Development of LTC case management capability																
• Development of fiscal management capability								3								
• Development of guidelines and standards (i.e., quality assurance reimbursement) new types of community-based services (e.g. adult day care, personal care, chore services, etc.)																
Revision of LTC facility reimbursement policies	14															
PSRO Review Made Non-Mandatory																
• Development of new agreement with PSRO and/or monitoring and evaluation plan																
• Development of alternative non-PSRO utilization review methods								9								
Revision of physician and/or other non-institutional providers or service reimbursement policies, given the removal of Medicare reasonable charge limits																
Development of primary care/case management and physician specialty referral systems																10
• Provision of general information re the operation of such systems																
• Provision of assistance in establishing such systems within my state																
• Provision of assistance in working with providers to develop their interest and participation in such systems								11								
Development of Approaches to Restrict Medicaid Recipients to Cost-effective and Efficient Providers																12
Third-Party Liability																8
• Development or improvement of TPL recovery/cost avoidance procedures																
• Development or improvement of specific data exchange, TPL recovery/cost avoidance procedures with:																4
private insurance carriers																5
Other government programs																6
absent parents																
Establishment of Competitive Bid Process for Lab, X-Ray, Medical Devices							2									
Development of Improved Fraud and Abuse Detection Procedures																13
Development of Provider "Lock-out" Program																
Development or Expansion of Recipient "Lock-in" Program																
Medically Needy Eligibility & Coverage																
• Development of criteria for determining what groups to cover under the medically needy program																
• Identification of cost-effective combinations of services targeted to needs of medically needy groups																17
Development of program to allow localities to act as broker in assisting Medicaid recipients to choose among various health plans																
• Provision of background information re the current operations of such programs (e.g. Project Health in Multnomah County, Oregon)																15
• Provision of assistance in establishing such a program within my state																
• Provision of assistance in developing the requisite participation of local health plans																16
Development of Approaches to Sharing Cost Savings with Recipients through the Provision of Additional Services																

PROGRAM AREAS	More Info on Federal Policies	Clarification of Waiver Criteria	Preparation of Demonstration Design/Waiver Request	Staff Training	On-Site Consultation Re Policy Development				On-Site Consultation Re Systems Development				Policy/Systems Evaluation	Systems Documentation	Conferences	Publications, Reports	Other (See notes)
					≤ 2 Weeks		≥ 2 Weeks		≤ 2 Weeks		≥ 2 Weeks						
					Source	Source	Source	Source	Source	Source							
					HCFA Central	HCFA Regional	Other States	Contractors	HCFA Central	HCFA Regional	Other States	Contractors					
Revision of inpatient hospital reimbursement policies	14																
Development of Community-Based LTC Services																	
• Development of evaluation/assessment tool																	
• Development of LTC case management capability																	
• Development of fiscal management capability																	
• Development of guidelines and standards (i.e., quality assurance reimbursement) new types of community-based services (e.g. adult day care, personal care, chore services, etc.)				3													
Revision of LTC facility reimbursement policies	13																
PSRO Review Made Non-Mandatory									4								
• Development of new agreement with PSRO and/or monitoring and evaluation plan																	
• Development of alternative non-PSRO utilization review methods	5																
Revision of physician and/or other non-institutional providers or service reimbursement policies, given the removal of Medicare reasonable charge limits	20																
Development of primary care/case management and physician specialty referral systems	11																
• Provision of general information re the operation of such systems							15										
• Provision of assistance in establishing such systems within my state																	
• Provision of assistance in working with providers to develop their interest and participation in such systems																	
Development of Approaches to Restrict Medicaid Recipients to Cost-effective and Efficient Providers				9													
Third-Party Liability																	
• Development or improvement of TPL recovery/cost avoidance procedures																	
• Development or improvement of specific data exchange, TPL recovery/cost avoidance procedures with:																	
private insurance carriers																	
Other government programs																	
absent parents																	
Establishment of Competitive Bid Process for Lab, X-Ray, Medical Devices							19										
Development of Improved Fraud and Abuse Detection Procedures										12							
Development of Provider "Lock-out" Program							7										
Development or Expansion of Recipient "Lock-in" Program							6										
Medically Needy Eligibility & Coverage																	
• Development of criteria for determining what groups to cover under the medically needy program				1													
• Identification of cost-effective combinations of services targeted to needs of medically needy groups									2								
Development of program to allow localities to act as broker in assisting Medicaid recipients to choose among various health plans																	10
• Provision of background information re the current operations of such programs (e.g. Project Health in Multnomah County, Oregon)																	
• Provision of assistance in establishing such a program within my state											8						
• Provision of assistance in developing the requisite participation of local health plans																	
Development of Approaches to Sharing Cost Savings with Recipients through the Provision of Additional Services	16						17										

PROGRAM AREAS	More Info on Federal Policies	Clarification of Waiver Criteria	Preparation of Demonstration Design/Waiver Request	Staff Training	On-Site Consultation Re Policy Development		On-Site Consultation Re Systems Development		Policy/Systems Evaluation	Systems Documentation	Conferences	Publications, Reports	Other (See notes)					
					≤ 2 Weeks		≤ 2 Weeks											
					Source	Source	Source	Source										
					HCFA Central	HCFA Regional	HCFA Central	HCFA Regional										
Revision of inpatient hospital reimbursement policies																		
Development of Community-Based LTC Services																		
• Development of evaluation/assessment tool													6					
• Development of LTC case management capability													5					
• Development of fiscal management capability																		
• Development of guidelines and standards (i.e., quality assurance reimbursement) new types of community-based services (e.g. adult day care, personal care, chore services, etc.)				3														
Revision of LTC facility reimbursement policies																		
PSRO Review Made Non-Mandatory																		
• Development of new agreement with PSRO and/or monitoring and evaluation plan						4												
• Development of alternative non-PSRO utilization review methods																		
Revision of physician and/or other non-institutional providers or service reimbursement policies, given the removal of Medicare reasonable charge limits																		
Development of primary care/case management and physician specialty referral systems				1														
• Provision of general information re the operation of such systems																		
• Provision of assistance in establishing such systems within my state																		
• Provision of assistance in working with providers to develop their interest and participation in such systems																		
Development of Approaches to Restrict Medicaid Recipients to Cost-effective and Efficient Providers				2														
Third-Party Liability																		
• Development or improvement of TPL recovery/cost avoidance procedures																		
• Development or improvement of specific data exchange, TPL recovery/cost avoidance procedures with:																		
private insurance carriers																		
other government programs																		
absent parents																		
Establishment of Competitive Bid Process for Lab, X-Ray, Medical Devices																		
Development of Improved Fraud and Abuse Detection Procedures																		
Development of Provider "Lock-out" Program																		
Development or Expansion of Recipient "Lock-in" Program																		
Medically Needy Eligibility & Coverage																		
• Development of criteria for determining what groups to cover under the medically needy program																		
• Identification of cost-effective combinations of services targeted to needs of medically needy groups																		
Development of program to allow localities to act as broker in assisting Medicaid recipients to choose among various health plans													7					
• Provision of background information re the current operations of such programs (e.g. Project Health in Multnomah County, Oregon)																		
• Provision of assistance in establishing such a program within my state																		
• Provision of assistance in developing the requisite participation of local health plans																		
Development of Approaches to Sharing Cost Savings with Recipients through the Provision of Additional Services																		

PROGRAM AREAS	More Info on Federal Policies	Clarification of Waiver Criteria	Preparation of Demonstration Design/Waiver Request	Staff Training	On-Site Consultation				On-Site Consultation				Policy/Systems Evaluation	Systems Documentation	Conferences	Publications, Reports	Other (See notes)	
					Re Policy Development		Re Systems Development		Re Policy Development		Re Systems Development							
					< 2 Weeks		> 2 Weeks		< 2 Weeks		> 2 Weeks							
					Source	Source	Source	Source	Source	Source	Source	Source						
Revision of inpatient hospital reimbursement policies																		
Development of Community-Based LTC Services																		
• Development of evaluation/assessment tool																		
• Development of LTC case management capability																		
• Development of fiscal management capability																		
• Development of guidelines and standards (i.e., quality assurance reimbursement) new types of community-based services (e.g. adult day care, personal care, chore services, etc.)																		
Revision of LTC facility reimbursement policies																		
PSRO Review Made Non-Mandatory																		
• Development of new agreement with PSRO and/or monitoring and evaluation plan																		
• Development of alternative non-PSRO utilization review methods																		
Revision of physician and/or other non-institutional providers or service reimbursement policies, given the removal of Medicare reasonable charge limits																		
Development of primary care/case management and physician specialty referral systems																		
• Provision of general information re the operation of such systems																		
• Provision of assistance in establishing such systems within my state																		
• Provision of assistance in working with providers to develop their interest and participation in such systems																		
Development of Approaches to Restrict Medicaid Recipients to Cost-effective and Efficient Providers																		
Third-Party Liability																		
• Development or improvement of TPL recovery/cost avoidance procedures																		
• Development or improvement of specific data exchange, TPL recovery/cost avoidance procedures with:																		
private insurance carriers																		
Other government programs																		
absent parents																		
Establishment of Competitive Bid Process for Lab, X-Ray, Medical Devices																		
Development of Improved Fraud and Abuse Detection Procedures																		
Development of Provider "Lock-out" Program																		
Development or Expansion of Recipient "Lock-in" Program																		
Medically Needy Eligibility & Coverage																		
• Development of criteria for determining what groups to cover under the medically needy program																		
• Identification of cost-effective combinations of services targeted to needs of medically needy groups																		
Development of program to allow localities to act as broker in assisting Medicaid recipients to choose among various health plans																		
• Provision of background information re the current operations of such programs (e.g. Project Health in Multnomah County, Oregon)																		
• Provision of assistance in establishing such a program within my state																		
• Provision of assistance in developing the requisite participation of local health plans																		
Development of Approaches to Sharing Cost Savings with Recipients through the Provision of Additional Services																		

PROGRAM AREAS TYPES/SOURCES OF TECHNICAL INFORMATION/ ASSISTANCE	More Info on Federal Policies	Clarification of Waiver Criteria	Preparation of Demonstration Design/Waiver Request	Staff Training	On-Site Consultation Re Policy Development				On-Site Consultation Re Systems Development				Policy/Systems Evaluation	Systems Documentation	Conferences	Publications, Reports	Other (See notes)					
					< 2 Weeks		> 2 Weeks		< 2 Weeks		> 2 Weeks											
					Source		Source		Source		Source											
					HCFA Central	Other States	HCFA Regional	Other States	HCFA Central	Other States	HCFA Regional	Other States										
Revision of inpatient hospital reimbursement policies													1									
Development of Community-Based LTC Services																						
• Development of evaluation/assessment tool																						
• Development of LTC case management capability																						
• Development of fiscal management capability																						
• Development of guidelines and standards (i.e., quality assurance reimbursement) new types of community-based services (e.g. adult day care, personal care, chore services, etc.)																						
Revision of LTC facility reimbursement policies																						
PSRO Review Made Non-Mandatory																						
• Development of new agreement with PSRO and/or monitoring and evaluation plan																						
• Development of alternative non-PSRO utilization review methods																						
Revision of physician and/or other non-institutional providers or service reimbursement policies, given the removal of Medicare reasonable charge limits																						
Development of primary care/case management and physician specialty referral systems													2									
• Provision of general information re the operation of such systems																						
• Provision of assistance in establishing such systems within my state																						
• Provision of assistance in working with providers to develop their interest and participation in such systems																						
Development of Approaches to Restrict Medicaid Recipients to Cost-effective and Efficient Providers												4										
Third-Party Liability																						
• Development or improvement of TPL recovery/cost avoidance procedures												3										
• Development or improvement of specific data exchange, TPL recovery/cost avoidance procedures with:																						
private insurance carriers																						
Other government programs																						
absent parents																						
Establishment of Competitive Bid Process for Lab, X-Ray, Medical Devices																						
Development of Improved Fraud and Abuse Detection Procedures																						
Development of Provider "Lock-out" Program																						
Development or Expansion of Recipient "Lock-in" Program																						
Medically Needy Eligibility & Coverage																						
• Development of criteria for determining what groups to cover under the medically needy program																						
• Identification of cost-effective combinations of services targeted to needs of medically needy groups																						
Development of program to allow localities to act as broker in assisting Medicaid recipients to choose among various health plans																						
• Provision of background information re the current operations of such programs (e.g. Project Health in Multnomah County, Oregon)																						
• Provision of assistance in establishing such a program within my state																						
• Provision of assistance in developing the requisite participation of local health plans																						
Development of Approaches to Sharing Cost Savings with Recipients through the Provision of Additional Services													3									

PROGRAM AREAS	More Info on Federal Policies	Clarification of Waiver Criteria	Preparation of Demonstration Design/Waiver Request	Staff Training	On-Site Consultation Re Policy Development				On-Site Consultation Re Systems Development				Policy/Systems Evaluation	Systems Documentation	Conferences	Publications, Reports	Other (See notes)
					< 2 Weeks		> 2 Weeks		< 2 Weeks		> 2 Weeks						
					Source		Source		Source		Source						
					HCFA Central	HCFA Regional	Other States	Contractors	HCFA Central	HCFA Regional	Other States	Contractors					
Revision of inpatient hospital reimbursement policies							5										
Development of Community-Based LTC Services																	
• Development of evaluation/assessment tool																	
• Development of LTC case management capability																	
• Development of fiscal management capability															7	7	
• Development of guidelines and standards (i.e., quality assurance reimbursement) new types of community-based services (e.g. adult day care, personal care, chore services, etc.)																6	
Revision of LTC facility reimbursement policies																20	
PSRO Review Made Non-Mandatory																	
• Development of new agreement with PSRO and/or monitoring and evaluation plan																	
• Development of alternative non-PSRO utilization review methods																8	
Revision of physician and/or other non-institutional providers or service reimbursement policies, given the removal of Medicare reasonable charge limits																1	
Development of primary care/case management and physician specialty referral systems											11						
• Provision of general information re the operation of such systems																12	
• Provision of assistance in establishing such systems within my state																	13
• Provision of assistance in working with providers to develop their interest and participation in such systems																	
Development of Approaches to Restrict Medicaid Recipients to Cost-effective and Efficient Providers																	4
Third-Party Liability																	9
• Development or improvement of TPL recovery/cost avoidance procedures																	9
• Development or improvement of specific data exchange, TPL recovery/cost avoidance procedures with:																	9
private insurance carriers																	
Other government programs																	
absent parents											9						
Establishment of Competitive Bid Process for Lab, X-Ray, Medical Devices							2										
Development of Improved Fraud and Abuse Detection Procedures			16														
Development of Provider "Lock-out" Program																	
Development or Expansion of Recipient "Lock-in" Program							18										
Medically Needy Eligibility & Coverage																	
• Development of criteria for determining what groups to cover under the medically needy program																	3
• Identification of cost-effective combinations of services targeted to needs of medically needy groups																	19
Development of program to allow localities to act as broker in assisting Medicaid recipients to choose among various health plans																	
• Provision of background information re the current operations of such programs (e.g. Project Health in Multnomah County, Oregon)																	17
• Provision of assistance in establishing such a program within my state											10						
• Provision of assistance in developing the requisite participation of local health plans											15						
Development of Approaches to Sharing Cost Savings with Recipients through the Provision of Additional Services											14						

PROGRAM AREAS	More Info on Federal Policies Clarification of Waiver Criteria Preparation of Demonstration Design/Waiver Request Staff Training	On-Site Consultation Re Policy Development				On-Site Consultation Re Systems Development				Policy/Systems Evaluation Systems Documentation Conferences Publications, Reports Other (See notes)
		<= 2 Weeks		> 2 Weeks	<= 2 Weeks		> 2 Weeks			
		Source	Source	Source	Source					
		ICFCA Central ICFCA Regional Other States Contractors	ICFCA Central ICFCA Regional Other States Contractors							
Revision of inpatient hospital reimbursement policies										
Development of Community-Based LTC Services										
• Development of evaluation/assessment tool										
• Development of LTC case management capability										
• Development of fiscal management capability										
• Development of guidelines and standards (i.e., quality assurance reimbursement) new types of community-based services (e.g. adult day care, personal care, chore services, etc.)										
Revision of LTC facility reimbursement policies										
PSRO Review Made Non-Mandatory										
• Development of new agreement with PSRO and/or monitoring and evaluation plan										
• Development of alternative non-PSRO utilization review methods										
Revision of physician and/or other non-institutional providers or service reimbursement policies, given the removal of Medicare reasonable charge limits									1	
Development of primary care/case management and physician specialty referral systems									13	
• Provision of general information re the operation of such systems										
• Provision of assistance in establishing such systems within my state										
• Provision of assistance in working with providers to develop their interest and participation in such systems									18	
Development of Approaches to Restrict Medicaid Recipients to Cost-effective and Efficient Providers	9									
Third-Party Liability										
• Development or improvement of TPL recovery/cost avoidance procedures										
• Development or improvement of specific data exchange, TPL recovery/cost avoidance procedures with:										
private insurance carriers										
Other government programs										
absent parents										
Establishment of Competitive Bid Process for Lab, X-Ray, Medical Devices									12	
Development of Improved Fraud and Abuse Detection Procedures										
Development of Provider "Lock-out" Program									5	
Development or Expansion of Recipient "Lock-in" Program									20	
Medically Needy Eligibility & Coverage										
• Development of criteria for determining what groups to cover under the medically needy program	16									
• Identification of cost-effective combinations of services targeted to needs of medically needy groups	11									
Development of program to allow localities to act as broker in assisting Medicaid recipients to choose among various health plans										
• Provision of background information re the current operations of such programs (e.g. Project Health in Multnomah County, Oregon)	10									
• Provision of assistance in establishing such a program within my state									19	
• Provision of assistance in developing the requisite participation of local health plans										
Development of Approaches to Sharing Cost Savings with Recipients	14									

PROGRAM AREAS	More Info on Federal Policies	Clarification of Waiver Criteria	Preparation of Demonstration Design/Waiver Request	Staff Training	On-Site Consultation Re Policy Development				On-Site Consultation Re Systems Development				Policy/Systems Evaluation	Systems Documentation	Conferences Publications, Reports Other (See notes)
					≤ 2 Weeks		≥ 2 Weeks		≤ 2 Weeks		≥ 2 Weeks				
					Source		Source		Source		Source				
					HCFA Central	HCFA Regional	Other States	Contractors	HCFA Central	HCFA Regional	Other States	Contractors			
Revision of inpatient hospital reimbursement policies															
Development of Community-Based LTC Services															5
• Development of evaluation/assessment tool															
• Development of LTC case management capability	3														
• Development of fiscal management capability	4														
• Development of guidelines and standards (i.e., quality assurance reimbursement) new types of community-based services (e.g. adult day care, personal care, chore services, etc.)	12														
Revision of LTC facility reimbursement policies															
PSRO Review Made Non-Mandatory															7
• Development of new agreement with PSRO and/or monitoring and evaluation plan															
• Development of alternative non-PSRO utilization review methods															
Revision of physician and/or other non-institutional providers or service reimbursement policies, given the removal of Medicare reasonable charge limits															
Development of primary care/case management and physician specialty referral systems															
• Provision of general information re the operation of such systems															
• Provision of assistance in establishing such systems within my state	6														
• Provision of assistance in working with providers to develop their interest and participation in such systems															
Development of Approaches to Restrict Medicaid Recipients to Cost-effective and Efficient Providers	8														
Third-Party Liability															13
• Development or improvement of TPL recovery/cost avoidance procedures															
• Development or improvement of specific data exchange, TPL recovery/cost avoidance procedures with:															
private insurance carriers															
Other government programs															
absent parents															
Establishment of Competitive Bid Process for Lab, X-Ray, Medical Devices															
Development of Improved Fraud and Abuse Detection Procedures															14
Development of Provider "Lock-out" Program	11														
Development or Expansion of Recipient "Lock-in" Program	12														
Medically Needy Eligibility & Coverage															
• Development of criteria for determining what groups to cover under the medically needy program															
• Identification of cost-effective combinations of services targetted to needs of medically needy groups															
Development of program to allow localities to act as broker in assisting Medicaid recipients to choose among various health plans															9
• Provision of background information re the current operations of such programs (e.g. Project Health in Multnomah County, Oregon)															
• Provision of assistance in establishing such a program within my state															
• Provision of assistance in developing the requisite participation of local health plans															
Development of Approaches to Sharing Cost Savings with Recipients through the Provision of Additional Services	10														

PROGRAM AREAS	More Info on Federal Policies	Clarification of Waiver Criteria	Preparation of Demonstration Design/Waiver Request	Staff Training	On-Site Consultation Re Policy Development				On-Site Consultation Re Systems Development				Policy/Systems Evaluation	Systems Documentation	Conferences	Publications, Reports	Other (See notes)
					< 2 Weeks		> 2 Weeks		< 2 Weeks		> 2 Weeks						
					Source	Source	Source	Source	Source	Source							
					HCFA Central	HCFA Regional	Other States	Contractors	HCFA Central	HCFA Regional	Other States	Contractors					
Revision of inpatient hospital reimbursement policies					7												
Development of Community-Based LTC Services																	11
• Development of evaluation/assessment tool																	12
• Development of LTC case management capability																	13
• Development of fiscal management capability																	
• Development of guidelines and standards (i.e., quality assurance reimbursement) new types of community-based services (e.g. adult day care, personal care, chore services, etc.)					22												
Revision of LTC facility reimbursement policies																	8
PSRO Review Made Non-Mandatory																	
• Development of new agreement with PSRO and/or monitoring and evaluation plan	18																
• Development of alternative non-PSRO utilization review methods	19																
Revision of physician and/or other non-institutional providers or service reimbursement policies, given the removal of Medicare reasonable charge limits																	9
Development of primary care/case management and physician specialty referral systems																	4
• Provision of general information re the operation of such systems																	
• Provision of assistance in establishing such systems within my state																	
• Provision of assistance in working with providers to develop their interest and participation in such systems									2			3					
Development of Approaches to Restrict Medicaid Recipients to Cost-effective and Efficient Providers									1								
Third-Party Liability																	
• Development or improvement of TPL recovery/cost avoidance procedures																	20
• Development or improvement of specific data exchange, TPL recovery/cost avoidance procedures with:																	21
private insurance carriers																	
other government programs																	
absent parents																	
Establishment of Competitive Bid Process for Lab, X-Ray, Medical Devices																	
Development of Improved Fraud and Abuse Detection Procedures										14							
Development of Provider "Lock-out" Program						6											
Development or Expansion of Recipient "Lock-in" Program						5											
Medically Needy Eligibility & Coverage																	
• Development of criteria for determining what groups to cover under the medically needy program																	
• Identification of cost-effective combinations of services targetted to needs of medically needy groups																	
Development of program to allow localities to act as broker in assisting Medicaid recipients to choose among various health plans																	
• Provision of background information re the current operations of such programs (e.g. Project Health in Multnomah County, Oregon)										15							
• Provision of assistance in establishing such a program within my state																	16
• Provision of assistance in developing the requisite participation of local health plans																	17
Development of Approaches to Sharing Cost Savings with Recipients through the Provision of Additional Services																	10

PROGRAM AREAS	More Info on Federal Policies	Clarification of Waiver Criteria	Preparation of Demonstration Design/Waiver Request	Staff Training	On-Site Consultation Re Policy Development				On-Site Consultation Re Systems Development				Policy/Systems Evaluation	Systems Documentation	Conferences	Publications, Reports	Other (See notes)
					≤ 2 Weeks		≥ 2 Weeks		≤ 2 Weeks		≥ 2 Weeks						
					Source		Source		Source		Source						
					HCFA Central	HCFA Regional	Other States	Contractors	HCFA Central	HCFA Regional	Other States	Contractors					
Revision of inpatient hospital reimbursement policies				1													
Development of Community-Based LTC Services	16																
• Development of evaluation/assessment tool																	
• Development of LTC case management capability	15																
• Development of fiscal management capability	17																
• Development of guidelines and standards (i.e., quality assurance reimbursement) new types of community-based services (e.g. adult day care, personal care, chore services, etc.)	9																
Revision of LTC facility reimbursement policies				8													
PSRO Review Made Non-Mandatory																	
• Development of new agreement with PSRO and/or monitoring and evaluation plan							10										
• Development of alternative non-PSRO utilization review methods																	
Revision of physician and/or other non-institutional providers or service reimbursement policies, given the removal of Medicare reasonable charge limits							6										
Development of primary care/case management and physician specialty referral systems			19									5					
• Provision of general information re the operation of such systems																	
• Provision of assistance in establishing such systems within my state							11										
• Provision of assistance in working with providers to develop their interest and participation in such systems																	
Development of Approaches to Restrict Medicaid Recipients to Cost-effective and Efficient Providers							12										
Third-Party Liability																	
• Development or improvement of TPL recovery/cost avoidance procedures																	
• Development or improvement of specific data exchange, TPL recovery/cost avoidance procedures with:																	
private insurance carriers																	
Other government programs																	
absent parents																	
Establishment of Competitive Bid Process for Lab, X-Ray, Medical Devices							7										
Development of Improved Fraud and Abuse Detection Procedures							4										
Development of Provider "Lock-out" Program							3										
Development or Expansion of Recipient "Lock-in" Program																	
Medically Needy Eligibility & Coverage																	
• Development of criteria for determining what groups to cover under the medically needy program	14																
• Identification of cost-effective combinations of services targeted to needs of medically needy groups							13										
Development of program to allow localities to act as broker in assisting Medicaid recipients to choose among various health plans																	
• Provision of background information re the current operations of such programs (e.g. Project Health in Multnomah County, Oregon)	20																
• Provision of assistance in establishing such a program within my state																	
• Provision of assistance in developing the requisite participation of local health plans	18																
Development of Approaches to Sharing Cost Savings with Recipients through the Provision of Additional Services							2										

PROGRAM AREAS	More info on Federal Policies	Clarification of Waiver Criteria	Preparation of Demonstration Design/Waiver Request	Staff Training	On-Site Consultation Re Policy Development				On-Site Consultation Re Systems Development				Policy/Systems Evaluation	Systems Documentation	Conferences	Publications, Reports	Other (See notes)
					< 2 Weeks		> 2 Weeks		< 2 Weeks		> 2 Weeks						
					Source		Source		Source		Source						
					HCFA Central	HCFA Regional	Other States	Contractors	HCFA Central	HCFA Regional	Other States	Contractors					
Revision of inpatient hospital reimbursement policies				1						6							
Development of Community-Based LTC Services						3											
• Development of evaluation/assessment tool																	
• Development of LTC case management capability																	
• Development of fiscal management capability										7							
• Development of guidelines and standards (i.e., quality assurance reimbursement) new types of community-based services (e.g. adult day care, personal care, chore services, etc.)				4						8							
Revision of LTC facility reimbursement policies							2			5							
PSRO Review Made Non-Mandatory				16													
• Development of new agreement with PSRO and/or monitoring and evaluation plan																	
• Development of alternative non-PSRO utilization review methods																	
Revision of physician and/or other non-institutional providers or service reimbursement policies, given the removal of Medicare reasonable charge limits				15						17							
Development of primary care/case management and physician specialty referral systems																	
• Provision of general information re the operation of such systems																	
• Provision of assistance in establishing such systems within my state				13						14							
• Provision of assistance in working with providers to develop their interest and participation in such systems																	
Development of Approaches to Restrict Medicaid Recipients to Cost-effective and Efficient Providers				10						17							
Third-Party Liability																	
• Development or improvement of TPL recovery/cost avoidance procedures																	
• Development or improvement of specific data exchange, TPL recovery/cost avoidance procedures with:																	
private insurance carriers																	
Other government programs																	
absent parents																	
Establishment of Competitive Bid Process for Lab, X-Ray, Medical Devices																	
Development of Improved Fraud and Abuse Detection Procedures																	
Development of Provider "Lock-out" Program																	
Development or Expansion of Recipient "Lock-in" Program																	
Medically Needy Eligibility & Coverage																	
• Development of criteria for determining what groups to cover under the medically needy program																	
• Identification of cost-effective combinations of services targeted to needs of medically needy groups				12													
Development of program to allow localities to act as broker in assisting Medicaid recipients to choose among various health plans																	
• Provision of background information re the current operations of such programs (e.g. Project Health in Multnomah County, Oregon)																	
• Provision of assistance in establishing such a program within my state																	
• Provision of assistance in developing the requisite participation of local health plans																	
Development of Approaches to Sharing Cost Savings with Recipients through the Provision of Additional Services																	

PROGRAM AREAS	More Info on Federal Policies	Clarification of Waiver Criteria	Preparation of Demonstration Design/Waiver Request	Staff Training	On-Site Consultation Re Policy Development				On-Site Consultation Re Systems Development				Policy/Systems Evaluation	Systems Documentation	Conferences	Publications, Reports	Other (See notes)
					< 2 Weeks		> 2 Weeks		< 2 Weeks		> 2 Weeks						
					Source		Source		Source		Source						
					HCFA Central	HCFA Regional	Other States	Contractors	HCFA Central	HCFA Regional	Other States	Contractors					
Revision of inpatient hospital reimbursement policies	2																
Development of Community-Based LTC Services			1														
• Development of evaluation/assessment tool																	
• Development of LTC case management capability																	
• Development of fiscal management capability																	
• Development of guidelines and standards (i.e., quality assurance reimbursement) new types of community-based services (e.g. adult day care, personal care, chore services, etc.)																	
Revision of LTC facility reimbursement policies	3																
PSRO Review Made Non-Mandatory																	
• Development of new agreement with PSRO and/or monitoring and evaluation plan	15																
• Development of alternative non-PSRO utilization review methods																	
Revision of physician and/or other non-institutional providers or service reimbursement policies, given the removal of Medicare reasonable charge limits	5																
Development of primary care/case management and physician specialty referral systems	7																
• Provision of general information re the operation of such systems																	
• Provision of assistance in establishing such systems within my state																	
• Provision of assistance in working with providers to develop their interest and participation in such systems																	
Development of Approaches to Restrict Medicaid Recipients to Cost-effective and Efficient Providers											3						
Third-Party Liability																	
• Development or improvement of TPL recovery/cost avoidance procedures																	
• Development or improvement of specific data exchange, TPL recovery/cost avoidance procedures with:																	
private insurance carriers																	
other government programs																	
absent parents																	
Establishment of Competitive Bid Process for Lab, X-Ray, Medical Devices																	4
Development of Improved Fraud and Abuse Detection Procedures																	12
Development of Provider "Lock-out" Program																	8
Development or Expansion of Recipient "Lock-in" Program											4						
Medically Needy Eligibility & Coverage																	6
• Development of criteria for determining what groups to cover under the medically needy program																	
• Identification of cost-effective combinations of services targeted to needs of medically needy groups																	
Development of program to allow localities to act as broker in assisting Medicaid recipients to choose among various health plans																	
• Provision of background information re the current operations of such programs (e.g. Project Health in Multnomah County, Oregon)																	
• Provision of assistance in establishing such a program within my state																	
• Provision of assistance in developing the requisite participation of local health plans																	
Development of Approaches to Sharing Cost Savings with Recipients through the Provision of Additional Services	11																

PROGRAM AREAS	More Info on Federal Policies	Clarification of Waiver Criteria	Preparation of Demonstration Design/Waiver Request	Staff Training	On-Site Consultation Re Policy Development				On-Site Consultation Re Systems Development				Policy/Systems Evaluation	Systems Documentation	Conferences	Publications, Reports Other (See notes)
					< 2 Weeks		> 2 Weeks		< 2 Weeks		> 2 Weeks					
					Source		Source		Source		Source					
					ICFCA Central	ICFCA Regional	Other States	Contractors	ICFCA Central	ICFCA Regional	Other States	Contractors				
Revision of inpatient hospital reimbursement policies																4
Development of Community-Based LTC Services										10						8
• Development of evaluation/assessment tool																11
• Development of LTC case management capability																12
• Development of fiscal management capability										13						
• Development of guidelines and standards (i.e., quality assurance reimbursement) new types of community-based services (e.g. adult day care, personal care, chore services, etc.)																15
Revision of LTC facility reimbursement policies																
PSRO Review Made Non-Mandatory																
• Development of new agreement with PSRO and/or monitoring and evaluation plan										9						6
• Development of alternative non-PSRO utilization review methods																
Revision of physician and/or other non-institutional providers or service reimbursement policies, given the removal of Medicare reasonable charge limits																
Development of primary care/case management and physician specialty referral systems																
• Provision of general information re the operation of such systems																
• Provision of assistance in establishing such systems within my state										7						5
• Provision of assistance in working with providers to develop their interest and participation in such systems																
Development of Approaches to Restrict Medicaid Recipients to Cost-effective and Efficient Providers	2					3				4						1
Third-Party Liability																
• Development or improvement of TPL recovery/cost avoidance procedures										19						
• Development or improvement of specific data exchange, TPL recovery/cost avoidance procedures with										20						
private insurance carriers																
Other government programs																
absent parents																
Establishment of Competitive Bid Process for Lab, X-Ray, Medical Devices																
Development of Improved Fraud and Abuse Detection Procedures																
Development of Provider "Lock-out" Program																
Development or Expansion of Recipient "Lock-in" Program																
Medically Needy Eligibility & Coverage																
• Development of criteria for determining what groups to cover under the medically needy program																
• Identification of cost-effective combinations of services targeted to needs of medically needy groups																
Development of program to allow localities to act as broker in assisting Medicaid recipients to choose among various health plans																
• Provision of background information re the current operations of such programs (e.g. Project Health in Multnomah County, Oregon)																
• Provision of assistance in establishing such a program within my state											18				17	16
• Provision of assistance in developing the requisite participation of local health plans																
Development of Approaches to Sharing Cost Savings with Recipients through the Provision of Additional Services																

STATE: _____

MONTANA

PROGRAM AREAS	More Info on Federal Policies	Clarification of Waiver Criteria	Preparation of Demonstration Design/Waiver Request	Staff Training	On-Site Consultation Re Policy Development				On-Site Consultation Re Systems Development				Policy/Systems Evaluation	Systems Documentation	Conferences	Publications, Reports Other (See notes)	
					< 2 Weeks		> 2 Weeks		< 2 Weeks		> 2 Weeks						
					Source		Source		Source		Source						
					HCFA Central	HCFA Regional	Other States	Contractors	HCFA Central	HCFA Regional	Other States	Contractors					
Revision of inpatient hospital reimbursement policies																	
Development of Community-Based LTC Services																	
• Development of evaluation/assessment tool																	
• Development of LTC case management capability																	
• Development of fiscal management capability																	
• Development of guidelines and standards (i.e., quality assurance reimbursement) new types of community-based services (e.g. adult day care, personal care, chore services, etc.)																	
Revision of LTC facility reimbursement policies		1															
PSRO Review Made Non-Mandatory																	
• Development of new agreement with PSRO and/or monitoring and evaluation plan																	
• Development of alternative non-PSRO utilization review methods																	
Revision of physician and/or other non-institutional providers or service reimbursement policies, given the removal of Medicare reasonable charge limits																	
Development of primary care/case management and physician specialty referral systems																	
• Provision of general information re the operation of such systems																	
• Provision of assistance in establishing such systems within my state																	
• Provision of assistance in working with providers to develop their interest and participation in such systems																	
Development of Approaches to Restrict Medicaid Recipients to Cost-effective and Efficient Providers																	
Third-Party Liability																	
• Development or improvement of TPL recovery/cost avoidance procedures																	
• Development or improvement of specific data exchange, TPL recovery/cost avoidance procedures with: private insurance carriers other government programs absent parents																	
Establishment of Competitive Bid Process for Lab, X-Ray, Medical Devices																	
Development of Improved Fraud and Abuse Detection Procedures																	
Development of Provider "Lock-out" Program																	
Development or Expansion of Recipient "Lock-in" Program																	
Medically Needy Eligibility & Coverage																	
• Development of criteria for determining what groups to cover under the medically needy program																	
• Identification of cost-effective combinations of services targeted to needs of medically needy groups																	
Development of program to allow localities to act as broker in assisting Medicaid recipients to choose among various health plans																	
• Provision of background information re the current operations of such programs (e.g. Project Health in Multnomah County, Oregon)		2															
• Provision of assistance in establishing such a program within my state																	
• Provision of assistance in developing the requisite participation of local health plans																	
Development of Approaches to Sharing Cost Savings with Recipients through the Provision of Additional Services																	

PROGRAM AREAS	More Info on Federal Policies	Clarification of Waiver Criteria	Preparation of Demonstration Design/Waiver Request	Staff Training	On-Site Consultation Re Policy Development				On-Site Consultation Re Systems Development				Policy/Systems Evaluation	System Documentation	Conferences	Publications, Reports Other (see notes)
					< 2 Weeks		> 2 Weeks		< 2 Weeks		> 2 Weeks					
					Source	Source	Source	Source	Source	Source						
Revision of inpatient hospital reimbursement policies	2															
Development of Community-Based LTC Services	6															
• Development of evaluation/assessment tool	7															
• Development of LTC case management capability	8															
• Development of fiscal management capability																
• Development of guidelines and standards (i.e., quality assurance reimbursement) new types of community-based services (e.g. adult day care, personal care, chore services, etc.)					9											
Revision of LTC facility reimbursement policies					1											
PSRO Review Made Non-Mandatory																
• Development of new agreement with PSRO and/or monitoring and evaluation plan																
• Development of alternative non-PSRO utilization review methods																
Revision of physician and/or other non-institutional providers or service reimbursement policies, given the removal of Medicare reasonable charge limits	3															
Development of primary care/case management and physician specialty referral systems	12															
• Provision of general information re the operation of such systems																
• Provision of assistance in establishing such systems within my state							13									
• Provision of assistance in working with providers to develop their interest and participation in such systems							14									
Development of Approaches to Restrict Medicaid Recipients to Cost-effective and Efficient Providers	11															
Third-Party Liability																
• Development or improvement of TPL recovery/cost avoidance procedures															15	
• Development or improvement of specific data exchange, TPL recovery/cost avoidance procedures with:																
private insurance carriers																
Other government programs																
absent parents																
Establishment of Competitive Bid Process for Lab, X-Ray, Medical Devices	16															
Development of Improved Fraud and Abuse Detection Procedures															16	
Development of Provider "Lock-out" Program																
Development or Expansion of Recipient "Lock-in" Program																
Medically Needy Eligibility & Coverage	5															
• Development of criteria for determining what groups to cover under the medically needy program																
• Identification of cost-effective combinations of services targeted to needs of medically needy groups							4									
Development of program to allow localities to act as broker in assisting Medicaid recipients to choose among various health plans																
• Provision of background information re the current operations of such programs (e.g. Project Health in Multnomah County, Oregon)							20									
• Provision of assistance in establishing such a program within my state							19									
• Provision of assistance in developing the requisite participation of local health plans							18									
Development of Approaches to Sharing Cost Savings with Recipients through the Provision of Additional Services																

PROGRAM AREAS TYPES/SOURCES OF TECHNICAL INFORMATION/ ASSISTANCE	More Info on Federal Policies	Clarification of Waiver Criteria	Preparation of Demonstration Design/Waiver Request	Staff Training	On-Site Consultation Re Policy Development				On-Site Consultation Re Systems Development				Policy/Systems Evaluation	System Documentation	Conferences Publications, Reports Other (See notes)
					≤ 2 Weeks		> 2 Weeks		≤ 2 Weeks		> 2 Weeks				
					Source	Source	Source	Source	Source	Source					
					HCFA Central	HCFA Regional	Other States	Contractors	HCFA Central	HCFA Regional	Other States	Contractors			
Revision of inpatient hospital reimbursement policies	1	2	3												
Development of Community-Based LTC Services			10												
• Development of evaluation/assessment tool															
• Development of LTC case management capability									11						
• Development of fiscal management capability									12						
• Development of guidelines and standards (i.e., quality assurance reimbursement) new types of community-based services (e.g. adult day care, personal care, chore services, etc.)				13											14
Revision of LTC facility reimbursement policies															
PSRO Review Made Non-Mandatory															
• Development of new agreement with PSRO and/or monitoring and evaluation plan					4			5							6
• Development of alternative non-PSRO utilization review methods															
Revision of physician and/or other non-institutional providers or service reimbursement policies, given the removal of Medicare reasonable charge limits															
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• Development or improvement of TPL recovery/cost avoidance procedures															
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private insurance carriers															
other government programs															17
absent parents															
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Development of Improved Fraud and Abuse Detection Procedures								15							
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Development or Expansion of Recipient "Lock-in" Program										20					
Medically Needy Eligibility & Coverage															
• Development of criteria for determining what groups to cover under the medically needy program															
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					HCFA Central	HCFA Regional	Other States	Contractors	HCFA Central	HCFA Regional	Other States	Contractors					
Revision of inpatient hospital reimbursement policies	X																
Development of Community-Based LTC Services																	
• Development of evaluation/assessment tool																	
• Development of LTC case management capability																	
• Development of fiscal management capability																	
• Development of guidelines and standards (i.e., quality assurance reimbursement) new types of community-based services (e.g. adult day care, personal care, chore services, etc.)																	
Revision of LTC facility reimbursement policies	X																
PSRO Review Made Non-Mandatory																	
• Development of new agreement with PSRO and/or monitoring and evaluation plan																	
• Development of alternative non-PSRO utilization review methods																	
Revision of physician and/or other non-institutional providers or service reimbursement policies, given the removal of Medicare reasonable charge limits	X																
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• Provision of assistance in working with providers to develop their interest and participation in such systems																	
Development of Approaches to Restrict Medicaid Recipients to Cost-effective and Efficient Providers																	
Third-Party Liability	X																
• Development or improvement of TPL recovery/cost avoidance procedures																	
• Development or improvement of specific data exchange, TPL recovery/cost avoidance procedures with:	X																
private insurance carriers	X																
Other government programs	X																
absent parents																	
Establishment of Competitive Bid Process for Lab, X-Ray, Medical Devices																	
Development of Improved Fraud and Abuse Detection Procedures																	
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STATE: NEW YORK

PROGRAM AREAS	More Info on Federal Policies	Clarification of Waiver Criteria	Preparation of Demonstration Design/Waiver Request	Staff Training	On-Site Consultation Re Policy Development				On-Site Consultation Re Systems Development				Policy/Systems Evaluation	Systems Documentation	Conferences	Publications, Reports	Other (See notes)
					< 2 Weeks		> 2 Weeks		< 2 Weeks		> 2 Weeks						
					Source		Source		Source		Source						
					HCFA Central	HCFA Regional	Other States	Contractors	HCFA Central	HCFA Regional	Other States	Contractors					
Revision of inpatient hospital reimbursement policies			3														
Development of Community-Based LTC Services																	2
• Development of evaluation/assessment tool																	
• Development of LTC case management capability																	1
• Development of fiscal management capability																	
• Development of guidelines and standards (i.e., quality assurance reimbursement) new types of community-based services (e.g. adult day care, personal care, chore services, etc.)																	
Revision of LTC facility reimbursement policies			4														
PSRO Review Made Non-Mandatory																	
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• Development of alternative non-PSRO utilization review methods																	
Revision of physician and/or other non-institutional providers or service reimbursement policies, given the removal of Medicare reasonable charge limits																	15
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• Provision of assistance in working with providers to develop their interest and participation in such systems									12								
Development of Approaches to Restrict Medicaid Recipients to Cost-effective and Efficient Providers			8														9 10
Third-Party Liability																	
• Development or improvement of TPL recovery/cost avoidance procedures																	
• Development or improvement of specific data exchange, TPL recovery/cost avoidance procedures with:																	19
private insurance carriers																	20
Other government programs																	
absent parents																	
Establishment of Competitive Bid Process for Lab, X-Ray, Medical Devices																	5
Development of Improved Fraud and Abuse Detection Procedures																	
Development of Provider "Lock-out" Program			17														
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					< 2 Weeks			> 2 Weeks			< 2 Weeks			> 2 Weeks							
					Source			Source			Source			Source							
					HCFRA Central	HCFRA Regional	Other States	Contractors	HCFRA Central	HCFRA Regional	Other States	Contractors	HCFRA Central	HCFRA Regional	Other States	Contractors					
Revision of inpatient hospital reimbursement policies	1			8										3							
Development of Community-Based LTC Services																					
• Development of evaluation/assessment tool									4												
• Development of LTC case management capability									5												
• Development of fiscal management capability										6				9							
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Establishment of Competitive Bid Process for Lab, X-Ray, Medical Devices	16									15											
Development of Improved Fraud and Abuse Detection Procedures																					
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Medically Needy Eligibility & Coverage																					
• Development of criteria for determining what groups to cover under the medically needy program	2							10													
• Identification of cost-effective combinations of services targetted to needs of medically needy groups								20													
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Development of Approaches to Sharing Cost Savings with Recipients through the Provision of Additional Services																					

PROGRAM AREAS	More Info on Federal Policies	Clarification of Waiver Criteria Preparation of Demonstration Design/Waiver Request	Staff Training	On-Site Consultation Re Policy Development				On-Site Consultation Re Systems Development				Policy/Systems Evaluation	Systems Documentation	Conferences	Publications, Reports Other (see notes)
				≤ 2 Weeks		≥ 2 Weeks		≤ 2 Weeks		≥ 2 Weeks					
				Source		Source		Source		Source					
				HCFA Central	HCFA Regional	Other States	Contractors	HCFA Central	HCFA Regional	Other States	Contractors				
Revision of inpatient hospital reimbursement policies	1		2	3	4										
Development of Community-Based LTC Services															
• Development of evaluation/assessment tool														18	
• Development of LTC case management capability															
• Development of fiscal management capability		5													
• Development of guidelines and standards (i.e., quality assurance reimbursement) new types of community-based services (e.g. adult day care, personal care, chore services, etc.)		6													
Revision of LTC facility reimbursement policies															
PSRO Review Made Non-Mandatory															
• Development of new agreement with PSRO and/or monitoring and evaluation plan			9		10									19	
• Development of alternative non-PSRO utilization review methods															
Revision of physician and/or other non-institutional providers or service reimbursement policies, given the removal of Medicare reasonable charge limits		4													
Development of primary care/case management and physician specialty referral systems			11		12										
• Provision of general information re the operation of such systems															
• Provision of assistance in establishing such systems within my state															
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Development of Approaches to Restrict Medicaid Recipients to Cost-effective and Efficient Providers			17												
Third-Party Liability															
• Development or improvement of TPL recovery/cost avoidance procedures															
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private insurance carriers															
Other government programs															
assent parents															
Establishment of Competitive Bid Process for Lab, X-Ray, Medical Devices			15		16										
Development of Improved Fraud and Abuse Detection Procedures														20	
Development of Provider "Lock-out" Program															
Development or Expansion of Recipient "Lock-in" Program										7				8	
Medically Needy Eligibility & Coverage															
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PROGRAM AREAS	More Info on Federal Policies	Clarification of Waiver Criteria	Preparation of Demonstration Design/Waiver Request	Staff Training	On-Site Consultation Re Policy Development				On-Site Consultation Re Systems Development				Policy/Systems Evaluation	Systems Documentation	Conferences	Publications, Reports Other (See notes)
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					Source		Source		Source		Source					
					HCFA Central	HCFA Regional	Other States	Contractors	HCFA Central	HCFA Regional	Other States	Contractors				
Revision of inpatient hospital reimbursement policies														12	14	8
Development of Community-Based LTC Services																
• Development of evaluation/assessment tool																
• Development of LTC case management capability																
• Development of fiscal management capability																
• Development of guidelines and standards (i.e., quality assurance reimbursement) new types of community-based services (e.g. adult day care, personal care, chore services, etc.)																
Revision of LTC facility reimbursement policies														12	14	8
PSRO Review Made Non-Mandatory																
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Development of Approaches to Restrict Medicaid Recipients to Cost-effective and Efficient Providers									9				3	4	2	1
Third-Party Liability																
• Development or improvement of TPL recovery/cost avoidance procedures																
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* Criteria for prospective reimbursement

[illegible]

PROGRAM AREAS	More Info on Federal Policies Clarification of Waiver Criteria Preparation of Demonstration Design/Waiver Request Staff Training	On-Site Consultation Re Policy Development				On-Site Consultation Re Systems Development				Policy/Systems Evaluation Systems Documentation Conferences	Publications, Reports Other (see notes)
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• Development of evaluation/assessment tool	3		1	2				4		5	
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• Provision of assistance in developing the requisite participation of local health plans											
Development of Approaches to Sharing Cost Savings with Recipients through the Provision of Additional Services											18

PROGRAM AREAS	More Info on Federal Policies	Clarification of Waiver Criteria	Preparation of Demonstration Request	Design/Waiver Request	Staff Training	On-Site Consultation Re Policy Development				On-Site Consultation Re Systems Development				Policy/Systems Evaluation	Systems Documentation	Conferences	Publications, Reports	Other (See notes)
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• Development of LTC case management capability				15														
• Development of fiscal management capability																		
• Development of guidelines and standards (i.e., quality assurance reimbursement) new types of community-based services (e.g. adult day care, personal care, chore services, etc.)								16										
Revision of LTC facility reimbursement policies	1																	
PSRO Review Made Non-Mandatory								4										
• Development of new agreement with PSRO and/or monitoring and evaluation plan					5													
• Development of alternative non-PSRO utilization review methods																		
Revision of physician and/or other non-institutional providers or service reimbursement policies, given the removal of Medicare reasonable charge limits										9								
Development of primary care/case management and physician specialty referral systems										10								
• Provision of general information re the operation of such systems																		
• Provision of assistance in establishing such systems within my state					11													
• Provision of assistance in working with providers to develop their interest and participation in such systems						12												
Development of Approaches to Restrict Medicaid Recipients to Cost-effective and Efficient Providers										8								
Third-Party Liability																		
• Development or improvement of TPL recovery/cost avoidance procedures								17										
• Development or improvement of specific data exchange, TPL recovery/cost avoidance procedures with:								18										
private insurance carriers																		
Other government programs																		
absent parents																		
Establishment of Competitive Bid Process for Lab, X-Ray, Medical Devices	3																	
Development of Improved Fraud and Abuse Detection Procedures								10										
Development of Provider "Lock-out" Program																		
Development or Expansion of Recipient "Lock-in" Program																		
Medically Needy Eligibility & Coverage																		
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• Identification of cost-effective combinations of services targeted to needs of medically needy groups																		
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• Provision of background information re the current operations of such programs (e.g. Project Health in Multnomah County, Oregon)																		
• Provision of assistance in establishing such a program within my state					6													
• Provision of assistance in developing the requisite participation of local health plans						7												
Development of Approaches to Sharing Cost Savings with Recipients through the Provision of Additional Services																		19

PROGRAM AREAS	More Info on Federal Policies	Clarification of Waiver Criteria	Preparation of Demonstration Design/Waiver Request	Staff Training	On-Site Consultation Re Policy Development				On-Site Consultation Re Systems Development				Policy/Systems Evaluation	Systems Documentation	Conferences	Publications, Reports	Other (See notes)
					≤ 2 Weeks		≥ 2 Weeks		≤ 2 Weeks		≥ 2 Weeks						
					Source		Source		Source		Source						
					HCFA Central	HCFA Regional	Other States	Contractors	HCFA Central	HCFA Regional	Other States	Contractors					
Revision of inpatient hospital reimbursement policies					4												
Development of Community-Based LTC Services																	
• Development of evaluation/assessment tool					2												
• Development of LTC case management capability																	
• Development of fiscal management capability																	
• Development of guidelines and standards (i.e., quality assurance reimbursement) new types of community-based services (e.g. adult day care, personal care, chore services, etc.)					1												
Revision of LTC facility reimbursement policies					3												
PSRO Review Made Non-Mandatory																	
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Development of Approaches to Restrict Medicaid Recipients to Cost-effective and Efficient Providers					5												
Third-Party Liability					13												
• Development or improvement of TPL recovery/cost avoidance procedures																	
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Establishment of Competitive Bid Process for Lab, X-Ray, Medical Devices					8												
Development of Improved Fraud and Abuse Detection Procedures					15												
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Development of Approaches to Sharing Cost Savings with Recipients through the Provision of Additional Services					10												

PROGRAM AREAS	More Info on Federal Policies	Clarification of Waiver Criteria	Preparation of Demonstration Design/Waiver Request	Staff Training	On-Site Consultation Re Policy Development				On-Site Consultation Re Systems Development				Policy/Systems Evaluation	Systems Documentation	Conferences	Publications, Reports Other (See notes)
					≤ 2 Weeks		≥ 2 Weeks		≤ 2 Weeks		≥ 2 Weeks					
					Source		Source		Source		Source					
					ICFCA Central	ICFCA Regional	Other States	Contractors	ICFCA Central	ICFCA Regional	Other States	Contractors				
Revision of inpatient hospital reimbursement policies					20	19										18
Development of Community-Based LTC Services																
• Development of evaluation/assessment tool						12				8			10	11		9
• Development of LTC case management capability						13			4	3						2
• Development of fiscal management capability																
• Development of guidelines and standards (i.e., quality assurance reimbursement) new types of community-based services (e.g. adult day care, personal care, chore services, etc.)																
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Development of Approaches to Restrict Medicaid Recipients to Cost-effective and Efficient Providers					1											
Third-Party Liability																
• Development or improvement of TPL recovery/cost avoidance procedures																16
• Development or improvement of specific data exchange, TPL recovery/cost avoidance procedures with																
private insurance carriers																
Other government programs																
absent parents																
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Development of Provider "Lock-out" Program					5					4						6
Development or Expansion of Recipient "Lock-in" Program																
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					Source		Source		Source		Source					
					HCFCA Central	HCFCA Regional	Other States	Contractors	HCFCA Central	HCFCA Regional	Other States	Contractors				
Revision of inpatient hospital reimbursement policies																5
Development of Community-Based LTC Services																
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• Provision of assistance in working with providers to develop their interest and participation in such systems				1											3	
Development of Approaches to Restrict Medicaid Recipients to Cost-effective and Efficient Providers	4					5	6									
Third-Party Liability																
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• Provision of assistance in developing the requisite participation of local health plans								8						9	10	
Development of Approaches to Sharing Cost Savings with Recipients through the Provision of Additional Services																20

PROGRAM AREAS	More info on Federal Policies	Clarification of Waiver Criteria	Preparation of Demonstration Design/Waiver Request	Staff Training	On-Site Consultation Re Policy Development		On-Site Consultation Re Systems Development		Policy/Systems Evaluation	Systems Documentation	Conferences	Publications, Reports	Other (See notes)					
					≤ 2 Weeks		≥ 2 Weeks											
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					HCFA Central	HCFA Regional	Other States	Contractors	HCFA Central	HCFA Regional	Other States	Contractors						
Revision of inpatient hospital reimbursement policies																		
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Revision of LTC facility reimbursement policies				4			3				2		1					
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*LTC contract development

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					< 2 Weeks		> 2 Weeks		< 2 Weeks		> 2 Weeks						
					Source	Source	Source	Source	Source	Source							
Revision of inpatient hospital reimbursement policies	5																
Development of Community-Based LTC Services		1															
• Development of evaluation/assessment tool		1															
• Development of LTC case management capability		1															
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Development of Approaches to Sharing Cost Savings with Recipients through the Provision of Additional Services													

APPENDIX C.
LIST OF STATE MEDICAID OFFICIALS
RESPONDING TO TECHNICAL ASSISTANCE NEEDS ASSESSMENT

Mr. Henry C. Vaughn, Jr.
Acting Commissioner
Medical Services Administration
2500 Fairlane Drive
Montgomery, Alabama 36130
205/277-2710

Mr. David M. Davidson
Medical Assistance Program Officer
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907/465-3347

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OMS/DSS
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Deputy Director, Health Policy and Standards
MCH/DHS
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303/866-3031

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Medicaid Specialist
Medical Care Administration
Department of Income Maintenance
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Hartford, Connecticut 06106
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Chief, Office of Health Care Financing
Commission on Public Health
Department of Human Services
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Washington, D. C. 20001
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Assistant Medicaid Director
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and Rehabilitative Services
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Administrator
Medical Assistance Program
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Chief, Bureau of Medical Services
Division of Community Programs
Department of Social Services
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515/281-8794

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Director, Division of Medicaid Programs
and Ms. Patricia Schaeffer
Department of Social
and Rehabilitation Services
State Office Building
Topeka, Kansas 66612
913/296-3981

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Director
Division for Medical Assistance
Department for Human Resources
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Frankfort, Kentucky 40601
502/564-4321

Mr. James Lewis
Director, Bureau of Medical Services
Department of Human Services
State House
Augusta, Maine 04333
207/289-2674

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Chief, Division of Program Review & Planning
Department of Health and Mental Hygiene
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Baltimore, Maryland 21201
301/383-6327

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Assistant Commissioner for Medical Services
Department of Public Welfare
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Boston, Massachusetts 02111
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Mr. Norman Charles
Director, Office of
Program Development & Reimbursement
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Director, Medical Assistance Division
Bureau of Income Maintenance
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Director
Mississippi Medicaid Commission
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Ms. Gretchen Engquist
Medicaid Director
Division of Family Services
Department of Social Services
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Economic Assistance Division
Department of Social and
Rehabilitation Services
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Medical Services Administrator
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and Health Services
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Director
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Raleigh, North Carolina 27611
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Chief
Division of Medical Assistance
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Assistant Administrator
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Mr. David S. Feinberg
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Assistant Director
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and Rehabilitative Services
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Acting Director - Non-Institutional Services
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Program Administrator
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Pierre, South Dakota 57501
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Division of Medicaid
Department of Public Health
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Texas Department of Human Resources
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Health Program Specialist
Division of Health Care
Financing and Standards
Utah Department of Health
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Director, Medical Services Division
Department of Social Welfare
Agency of Social Welfare
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Waterbury, Vermont 05676
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Acting Director
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Richmond, Virginia 23219
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Director
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Department of Social and Health Services
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206/753-1777

Mr. Ernest A. Rumpf, Jr.
Director
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Cheyenne, Wyoming 82002
307/777-7533

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